Prairie North
Health Region

Annual Report 2009-2010

To the Minister of Health

Healthy People in Healthy Communities

Four Pillars for Planning

Strategic and Operational Directions for the Health Sector 2009-10
Regional Health Authorities and Ministry of Health

Strategic Focus	1. **HEALTH OF THE INDIVIDUAL**	2. **PROVIDERS**	3. **SUSTAINABILITY**	4. **HEALTH OF THE POPULATION**
Goals	1.1 The health system and its employees/providers are focused on providing exceptional care and service to its customers that is consistent with both best practice and customer expectations	2.1 Health service providers have a personal commitment and ownership in creating and working in a caring and high performance environment	3.3 There is strategic and operational alignment of priorities within the health system and with the goals and priorities of Government	4.1 Health promotion/ protection and disease prevention initiatives improve the health of the population and reduce disparities
	1.2 People have timely access to evidence-based and quality health services and supports	2.2 The health system has safe, supportive, and quality work places	3.2 The health system has the required operating resources, equipment, capital, and electronic infrastructure	4.2 Long-term strategies address the social factors that impact people's health
	1.3 The system works to continously improve health care safety	2.3 The health sector has a highly skilled, professional and diverse workforce with a sufficient number and mix of service providers		

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The Prairie North Health Region Annual Report is located on the Internet at:

www.pnrha.ca

Hard copies of the PNHR Annual Report are available at
Prairie North Health Region's Corporate Office in North Battleford:

1092 – 107 Street
North Battleford, SK S9A 1Z1

Or by calling (306) 446-6606

Letter of Transmittal

Prairie North
Health Region

To: Honourable Don McMorris
Minister of Health

Dear Minister McMorris,

Prairie North Regional Health Authority is pleased to provide you and the residents of our Health Region with our 2009-2010 Annual Report. This report provides the audited financial statements and outlines activities and accomplishments of Prairie North Health Region for the year ended March 31, 2010.

We look forward to furthering our partnership with the Ministry in the year ahead to achieve a responsive, integrated and efficient health system that puts the patient first and enables people to achieve their best possible health.

Respectfully submitted,

B. O'Grady

Bonnie O'Grady
Chairperson
Prairie North Regional Health Authority

Who We Are

Prairie North Regional Health Authority is one of 12 Saskatchewan RHAs established in 2002 with proclamation of *The Regional Health Services Act.* The RHA is the formal legal entity responsible for the planning, organization, delivery and evaluation of the health services it provides within the boundaries of Prairie North Health Region.

The Authority generally refers to the governing Board, while the 'Health Region' describes our geographic area, along with the facilities, programs, and services provided in it by all of our staff, physicians, and partners.

Strategic and Operational Directions for the Health Sector

The Ministry of Health sets the strategic and operational directions for the health sector, in alignment with the Government's vision for a secure and prosperous Saskatchewan, leading the country in economic and population growth, and providing opportunity for a high quality of life for all.

The Ministry of Health's Mandate defines the Saskatchewan health system's overall priorities:

> "The Ministry strives to improve the quality and accessibility of publicly funded and publicly administered health care in Saskatchewan. Through leadership and partnership, Saskatchewan Health is dedicated to achieving a responsive, integrated and efficient health system that puts the patient first, and enables people to achieve their best possible health by promoting healthy choices and responsible self-care."

The Ministry of Health established **Four Pillars for Planning** for itself and Regional Health Authorities. The **Four Pillars** were developed to outline the strategic and operational directions for the health sector. Included with the pillars is a set of **Goals, Key Actions, Measures and Targets** set out by the Ministry and RHAs.

These goals, key actions, measures and targets are further defined in each Region's Accountability Document with the Ministry of Health. The Accountability Document is used to manage the accountability relationship between the Ministry and the RHAs.

Each Region provides regular progress reports to the Ministry on specific requirements under the Region's Accountability Documents. RHAs are also required to provide an annual report to the Minister of Health, highlighting a key set of actions, measures and targets referred to as the 'Health System Dashboard.' The Annual Reports serve to consolidate annual results and activities, providing an overview of the RHAs' strategic and operational performance for the fiscal year. The Reports allow the Minister and the public to assess the RHAs' overall performance in administering public funds and providing effective and efficient health care.

Ministry and RHAs'

Four Pillars for Planning

See Inside Front Cover of this Report

PNRHA trusts that the information which follows in this report provides the evidence necessary to facilitate that assessment.

Our Vision, Mission, Values and Strategic Plan

Prairie North's original Vision, Mission and Values statements were established by the RHA in 2003.

In 2006-07, Prairie North reviewed and revised its Vision, Mission, and Values statements to reflect more of what we do in the provision of quality health services, and to recognize the diversity of the communities which comprise Prairie North. PNHR remained guided by this Vision, Mission and Value statement through the 2009-10 operating year.

In 2009-10, review and revision of PNHR's Vision, Mission, and Values statements was again undertaken in concert with redevelopment of the Region's Strategic Plan and to reflect the Ministry of Health's strategic and operational directions and Four Pillars for Planning for the health sector.

Prairie North's revised Vision, Mission and Values statements for the organization for 2010 and beyond will closely reflect those being established by the Ministry. Prairie North's Board of Directors and Senior Leadership Team have chosen to take this course in revising our guiding statements and strategic plan to ensure the Region and its priorities are fully aligned with the province's direction for Saskatchewan's health system as a whole.

The Ministry's new statements are anticipated to be finalized early in 2010-11 along with updating of its Four Pillars for Planning, Strategic Focus and Goals. PNHR's new Vision, Mission, and Values statement, and its new Strategic Plan are expected to be finalized shortly after.

Once PNHR's new Vision, Mission, Values statements and Strategic Plan are completed and approved, they will be communicated throughout the organization and the Region.

Vision

"Healthy People in Healthy Communities."

Mission

"Working together to provide quality health services and to promote and support healthy living in diverse communities."

Values

Accountability and Responsibility to sustain the future of our health care resources.

Respect, Compassion, and Dignity for all people regardless of cultural, social and economic factors.

Trust and Integrity in everything we do.

Appropriate Access to Quality Health Services: the right service at the right time in the right place by the right provider.

Creativity and Innovation that support learning, partnerships and an ongoing commitment to progress.

Safe and supportive environment for all.

- established 2006-07

Standards of Conduct, Ethics and Values

Prairie North RHA is guided in its decision-making, presentation and conduct by the legislation that governs us, and by our policies around governance, responsibility, conduct, communication, accessibility, planning, and reporting. Professionally, our managers, physicians, and staff are bound by the regulations, expectations, and requirements of their professions, including codes of conduct and ethics. Prairie North has in place specific policies and procedures dealing with health information protection, informed consent and financial management, and others that guide us in delivering the highest standards of care and service throughout our organization.

The Region has in place an Ethics program that consists of a Regional Committee plus local committees for The Battlefords, Lloydminster, and Meadow Lake/Rural, and a Regional Research Ethics Review Board. Members include physicians, managers, frontline staff, and Board officials who – together – work to address ethical issues that arise through day-to-day operations or in relation to more strategic decision-making processes.

Governance and Transparency

Prairie North Regional Health Authority is the governing body of Prairie North Health Region and is accountable to the Minister of Health. The Board is appointed by the Minister and consists of a maximum of 12 members. The Minister appoints the chairperson and vice-chairperson of the Board.

The current PNRHA Board was appointed on February 6, 2009 for a three-year term.

Prairie North Regional Health Authority Board

As at March 31, 2010

Back Row (From Left): Gillian Churn, Maidstone; Joanne Berry, Lloydminster AB; Donald Speer, North Battleford; Terry Lamon, Meadow Lake; Richard Fiddler, Meadow Lake; Ben Christensen, North Battleford; Colleen Young, Lloydminster; Jane Pike, Meadow Lake.

Front Row: (From Left): Helene Lundquist, Maidstone; Ross Clements, Vice-Chairperson, Lloydminster AB; David Fan, CEO, North Battleford; Bonnie O'Grady, Chairperson, Maidstone; Leanne Sauer, Lloydminster AB.

Photo by Don Whiting Photography, Lloydminster

The roles and responsibilities of the Regional Health Authorities are delineated in *The Regional Health Services Act*, which created Saskatchewan's health authorities. The RHA is responsible for:

- planning, organizing and delivering health services consistent with the province's strategic direction and available resources,
- promoting and encouraging health and wellness,
- assessing the health needs of area residents, and
- monitoring and reporting on progress of providing services that meet those health needs.

Committees

For most of the 2009-10 operating year, Prairie North Regional Health Authority Board functioned as a single entity, without separate committees. Effective January 1, 2010 Board members established a PNRHA Finance Committee chaired by Leanne Sauer. Terry Lamon, Bonnie O'Grady, and Donald Speer were appointed to the Committee. The Region's Chief Executive Officer and Chief Financial Officer are ex-officio members of the Committee.

Terms of Reference for the Finance Committee were established. The Committee's primary function is to assist the Board in fulfilling its oversight responsibilities by reviewing the principal risks that could impact the financial reports of PNRHA; the financial information provided to the Ministry of Health and other stakeholders; the systems of internal controls established by management and the Board; all external audit processes and internal audit functions; the financial plans and annual operating and capital budgets; and investment management activities. The Committee is to meet at least four times each year, is to maintain minutes of its meetings, and is to provide oral reports to the Board following Committee meetings.

PNRHA Board members also serve as representatives on a number of committees and organizations throughout the Region. Board members report to their colleagues at regular monthly Board meetings regarding their participation in and activities of the committees.

Committee Membership or Representation – Prairie North Regional Health Authority

As At March 31, 2010

Committee or Organization	PNRHA Representative
Battlefords Union Hospital Foundation	Ben Christensen
Governance Committee (provincial)	Donald Speer
Lakeland Regional Community Health Advisory Network (Turtleford/St. Walburg/Edam)	Helene Lundquist
Meadow Lake and Area Community Health Advisory Network	Jane Pike
Northland Pioneers Lodge Replacement Project Steering Committee (Meadow Lake)	Terry Lamon
North Sask Laundry & Support Services	Bonnie O'Grady
PNHR QMentum Accreditation Governance Team	Joanne Berry, Leanne Sauer and Bonnie O'Grady
PNHR Quality As A Business Strategy (QBS) Leadership Team	Joanne Berry and Bonnie O'Grady
PNRHA Finance Committee	Terry Lamon, Bonnie O'Grady, Leanne Sauer, and Donald Speer
Twin Rivers Health Care Foundation	Bonnie O'Grady
Saskatchewan Association of Health Organizations	Bonnie O'Grady

Transparency

Maintaining public transparency in the decisions it makes, the actions and initiatives it implements, and overall, in the business it conducts is a fundamental tenet of Prairie North Regional Health Authority. The Authority believes in being accessible and accountable to the public, and continues its dedicated efforts to achieve these results through the following avenues:

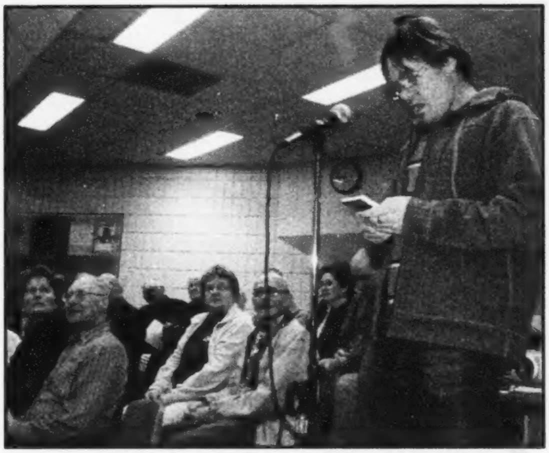
- All regular monthly Board meetings are open to the public. The meetings are extensively advertised to invite participation and attendance. Presentations to Board meetings are welcome and encouraged. Policies to facilitate presentations, and to ensure responses to presentations, are in place.
- Regular monthly Board meetings are rotated through several of the Health Region's communities, facilitating access by local residents and community leaders. Local officials and members of the public are advised of the time, date and location of Prairie North Board meetings in their areas.
- Local and area media are notified and invited to all Prairie North Regular Board meetings. Notification is also provided each month to the Region's staff and physicians.
- The schedule of Board meetings is maintained on the Region's Intranet and Internet sites, along with the policies, procedures, and contacts for submissions and presentations to the Board. Information about the Board and how Board members can be reached is maintained on the Region's websites.
- Following each Board meeting, the Board's newsletter *Board Notes* is prepared and distributed, usually within three working days. The document features highlights of presentations, discussions and decisions from the meeting. *Board Notes* is distributed, using a variety of media, to staff and physicians, partnering agencies and organizations, community leaders, media and the general public.
- Board meeting minutes are distributed, once formally adopted by Board members, to facilities and programs in the Region. Copies of minutes are available to stakeholders. Minutes are posted and available on the Region's websites.
- The Region's Annual Report is broadly distributed to key stakeholders and is available on-line via the Region's websites.

Additionally, the Region's Chairperson, Chief Executive Officer, and other representatives are willing and available to meet with community groups and organizations to discuss issues and matters of mutual concern.

Community Advisory Networks

Prairie North Regional Health Authority maintains a close connection with its Community Advisory Networks (CANs). *The Regional Health Services Act* requires Health Authorities to establish one or more CANs to help facilitate consultation with and input from local communities. CANs advise the Authority on broad issues related to the health of the community, and assist the Authority to understand the needs and priorities of communities and their residents.

PNHR's Community Advisory Network continues to develop. The network consists of two groups formally established under the Prairie North Board's CAN policy. The Region also has linkages with other health advisory committees not formally established as CANs but which provide valuable liaison with their communities on an ad hoc or more regular basis. The two formal CAN groups are the Meadow Lake and Area Community Health Advisory Network (Meadow Lake CHAN) and the Lakeland Regional Community Health Advisory Network (Lakeland CHAN). Both CHANs are very active and include PNRHA Board representation on their CHAN Boards.



Meadow Lake & Area CHAN Public Informational Meeting March 2010

The Meadow Lake CHAN meets regularly and continues its work gathering input and advice on local health care and service issues and concerns. The information is shared with the Region through established channels, for follow-up and action where appropriate, required, or possible. Meadow Lake CHAN held several staff appreciation events over the year. In March 2010, the group held its annual public informational meeting, this year focusing on emergency services, home care, long-term care, and replacement of Northland Pioneers Lodge in Meadow Lake. Panelist presentations were followed by a moderated discussion and question period.

In June of 2009, the community of Meadow Lake formed a Community Partners for Recruitment and Retention Committee to help with recruitment and retention of health care professionals. Local CHAN representation is included on this committee.

The Lakeland Regional CHAN represents the communities of Edam, St. Walburg, Turtleford, and Thunderchild First Nation, and surrounding areas. In the past year, the Lakeland CHAN surveyed the communities of Edam, St. Walburg and Turtleford in regard to accessibility to public buildings for the physically handicapped population. The town, villages and local businesses were then encouraged to make changes to better meet accessibility needs for people who are physically challenged.

Lakeland CHAN worked with the North Saskatchewan River Municipal Health Holdings organization to develop a Physician/Family Community Orientation Checklist to aid in orientating new physicians and their families to their new Lakeland communities and in many cases, to their new country. Lakeland CHAN members are also part of the support team that welcomes new physicians and their families to their community.

The Lloydminster and District Health Advisory Committee that had included representation from the PNRHA Board has merged with the municipally-created Lloydminster City Council Health Advisory Committee, to create the new Lloydminster and District Health Advisory Council (LDHAC). The new Advisory Council includes representation from the City of Lloydminster, the Saskatchewan rural municipalities of Wilton and Britannia, the Alberta County of Vermilion River, the Town of Vermilion AB, Onion Lake First Nation, the Saskatchewan and Alberta MLAs for Lloydminster, and the Lloydminster Region Health Foundation. Prairie North Health Region's Board is not represented on the Council. Ex-officio members of the Council are to include Prairie North's CEO and a designated member of the Senior Management Team, along with the Site Chief of Staff – Lloydminster. The Council is to represent health concerns on both sides of the border in and around Lloydminster, with a single voice. The Council is to have its first meeting in April 2010.

The St. Walburg Health Advisory Committee, Paradise Hill Health Advisory Committee and Pine Island Lodge Advisory Committee at Maidstone are not formal PNRHA CANs. They meet independently to discuss concerns related to access and availability of health services, and ask for information or support as required.

The community of Cut Knife and area has established a local Community Health Advisory Network to focus solely on the needs of Cut Knife and area and health services provided there. PNHR welcomed the initiative and interest of the group and indicated the Region's willingness to share information and to receive and discuss suggestions. PNHR has invited the Cut Knife group to participate in a broader CHAN for the Cut Knife/Maidstone/ Neilburg area which has become part of the Health Region's Primary Health Care program. PNHR continues to work toward establishment of CANs to coincide with the geographic areas for Primary Health Care, including The Battlefords, Loon Lake/Goodsoil/Pierceland, Maidstone/Cut Knife/ Neilburg, and First Nation communities.

Organizational / Administrative Structure

Prairie North Health Region functions with a seven-member senior administrative team and benefits greatly from the team's strong, consistent and visionary leadership.

Prairie North Health Region Senior Management Team

As At March 31, 2010

Lionel Chabot

Vice President
Development and
Operations

Irene Denis

Vice President
Corporate Services

David Fan

Chief Executive Officer

Barbara Jiricka

Vice President
Integrated Health
Services

Jerry Keller

Vice President
Finance/Information
Technologies

Dr. R. Bruce Murray

Vice President
Medical Services

Glennys Uzelman

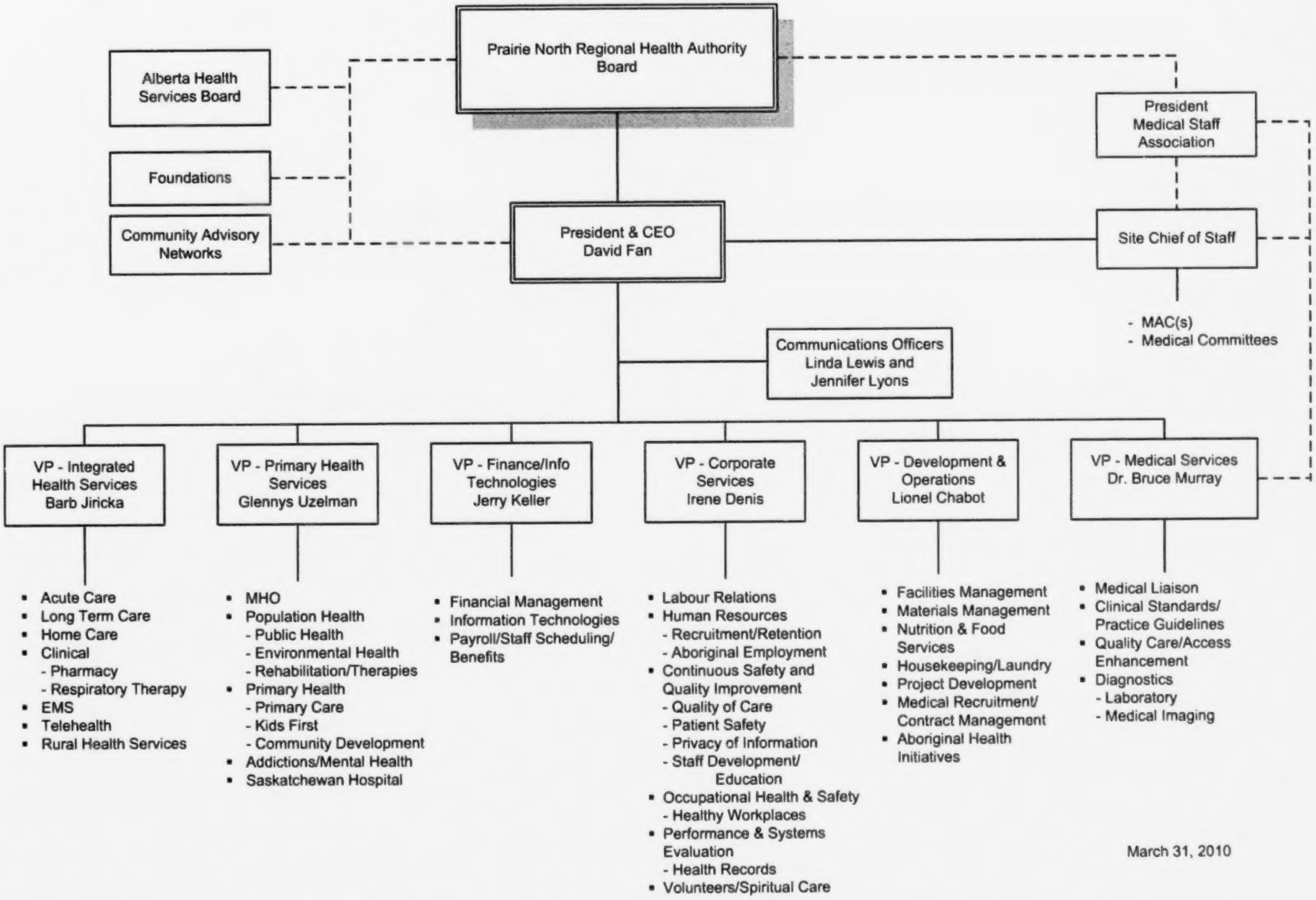
Vice President
Primary Health Services

PNHR has been fortunate to have retained the services of the same Chief Executive Officer and two of its senior managers since the Region's inception in 2002. As CEO, David Fan has directed the organization for the past eight years with the support of Vice President of Corporate Services Irene Denis and Vice President of Finance/Information Technologies Jerry Keller who have also been with the Region for the past eight years. Glennys Uzelman joined the Senior Management Team in 2003 as Vice President of Primary Health Services. Vice President of Development and Operations Lionel Chabot and Vice President of Integrated Health Services Barb Jiricka have been with Prairie North since 2006. Vice President of Medical Services Dr. R. Bruce Murray joined the PNHR Senior Management Team in November 2007.

The Region's administrative structure underwent only minor adjustment in the past year, as responsibility for Laboratory and Medical Imaging services moved to the VP of Medical Services from the VP of Integrated Health Services. The move was made to better align expertise and improve workload balance.

Prairie North Health Region Organizational Structure

As of March 31, 2010



Prairie North Regional Health Authority Board

Alberta Health Services Board

Foundations

Community Advisory Networks

President Medical Staff Association

President & CEO
David Fan

Site Chief of Staff

- MAC(s)
- Medical Committees

Communications Officers
Linda Lewis and
Jennifer Lyons

VP - Integrated Health Services
Barb Jiricka

- Acute Care
- Long Term Care
- Home Care
- Clinical
  - Pharmacy
  - Respiratory Therapy
- EMS
- Telehealth
- Rural Health Services

VP - Primary Health Services
Glennys Uzelman

- MHO
- Population Health
  - Public Health
  - Environmental Health
  - Rehabilitation/Therapies
- Primary Health
  - Primary Care
  - Kids First
  - Community Development
- Addictions/Mental Health
- Saskatchewan Hospital

VP - Finance/Info Technologies
Jerry Keller

- Financial Management
- Information Technologies
- Payroll/Staff Scheduling/ Benefits

VP - Corporate Services
Irene Denis

- Labour Relations
- Human Resources
  - Recruitment/Retention
  - Aboriginal Employment
- Continuous Safety and Quality Improvement
  - Quality of Care
  - Patient Safety
  - Privacy of Information
  - Staff Development/ Education
- Occupational Health & Safety
  - Healthy Workplaces
- Performance & Systems Evaluation
  - Health Records
- Volunteers/Spiritual Care

VP - Development & Operations
Lionel Chabot

- Facilities Management
- Materials Management
- Nutrition & Food Services
- Housekeeping/Laundry
- Project Development
- Medical Recruitment/ Contract Management
- Aboriginal Health Initiatives

VP - Medical Services
Dr. Bruce Murray

- Medical Liaison
- Clinical Standards/ Practice Guidelines
- Quality Care/Access Enhancement
- Diagnostics
  - Laboratory
  - Medical Imaging

March 31, 2010

Service Providers

Prairie North Health Region is proud of our team of highly skilled, professional, health service providers in every program, department, facility and community throughout our vast Region. Our health service providers are dedicated, caring, and compassionate in their delivery of safe, quality health services for patients, residents, clients, co-workers, colleagues, partners, and communities. Together, PNHR's health service providers strive to meet the continually evolving health needs of all those we serve.

Staff Resources

Prairie North Health Region's staff complement consists of over 3,100 employees in full-time, part-time, and casual positions. Prairie North employs 613 registered nurses, registered nurse/nurse practitioners, and registered psychiatric nurses; 2,154 unionized support staff including licensed practical nurses, special care aides, laboratory and diagnostic services personnel, and dietary, housekeeping and maintenance professionals; 220 health sciences association staff including public health inspectors, therapists, counsellors, technicians, and psychologists; and 158 non-unionized staff including senior, regional, facility, program, and nurse managers, plus administrative support personnel. Translated into full-time equivalent positions (FTEs), Prairie North's staff complement is as follows:

Full-Time Equivalent Positions – Prairie North Health Region

	2009-10 (as at March 31, 2010)	**2008-09** (as at March 31, 2009)	**2007-08** (as at March 31, 2008)	**2006-07** (as at March 31, 2007)	**2005-06** (as at March 31, 2006)	**2004-05** (as at March 31, 2005)	**2003-04** (as at March 31, 2004)
Canadian Union of Public Employees (CUPE - SK)	1,395.81	1,351.90	1,342.55	1,290.30	1,202.30	1,165.39	1,143.36
Alberta Union of Provincial Employees (AUPE - AB)	80.70	92.89	92.88	88.53	89.01	88.75	88.63
Health Sciences Association of Saskatchewan (HSAS)	150.07	146.78	136.09	122.69	119.25	112.34	114.81
Out-of-Scope (OOS) – SK	149.06	145.42	141	139.51	137.89	126.55	128.13
Out-of-Scope (OOS) – AB	2.00	9.84	10.70	12.20	10.96	Not previously reported	
Saskatchewan Union of Nurses (SUN)	429.57	394.60	386.12	384.41	377.26	378.75	378.78
United Nurses of Alberta (UNA)	11.60	13.99	14.91	13.70	13.66	13.51	13.65
TOTAL Full-Time Equivalents	**2,218.80**	**2,155.42**	**2,124.25**	**2,051.34**	**1,950.33**	**1,885.29**	**1,867.36**

Consistent with the growth in PNHR's staff complement since the Region's first full year of operation, the total number of FTEs expanded in the past year by a net 63.38 or 2.94%, primarily in the support service and registered nursing ranks. The growth in SUN positions is due to the SUN/Provincial Government Partnership Agreement. A previously non-unionized (OOS) group of employees at Lloydminster moved to the HSAS affiliation. Changes in the CUPE numbers reflect increased demand for the services CUPE members provide.

Physician Resources

Since the Region's inception, Prairie North has been fortunate to have maintained a complement of approximately 100 physicians, albeit with turnover in the ranks of both general practitioners and specialists. PNHR is not without the challenges of retaining and continually recruiting new physicians, as individual doctors leave the Region's medical staff and others join.

Physician Resources – Prairie North Health Region
As at March 31, 2010

General Practitioners – 74 including:	**Specialists - 27**	**Visiting Specialties**
10 GP/Anaesthetists	1 Medical Health Officer	Dermatology
2 GP/Surgeons	8 Psychiatrists	Internal Medicine
4 GP/Operating Room Assistants	2 Internists	Nephrology
1 GP/Obstetrics/Ultrasound	3 Radiologists	Ophthalmology
1 GP/Internist	6 General Surgeons	Orthopaedics
2 GP/Emergency Room Physicians	4 Obstetrician/Gynaecologists	Otolaryngology
	1 Pathologist	Physiatry
	1 Otolaryngologist	Plastic Surgery
	1 Ophthalmologist	Rheumatology
	1 Paediatrician	

Volunteer and Spiritual Service Resources

Volunteers and spiritual service providers are vital members of Prairie North's health care team. PNHR's volunteer corps numbers around 3,900 individuals who donate untold time and talents to the nearly 30 health region facilities and programs, 15 Auxiliary organizations, and seven Foundations and Trust Fund agencies. Many volunteers are involved in more than one program and at more than one facility. Each site or program is unique and attracts volunteers interested in its particular range of opportunities.

PNHR volunteers are directly involved with patients, residents, and clients in our facilities and programs. Activities include greeter programs, visitation, entertainment, recreation, and spiritual support. In the community, volunteers deliver Meals-on-Wheels, raise funds, organize and host special events, provide transportation, work on committees, and serve as general ambassadors for local services and facilities. PNHR volunteers are positive role models for their communities. Volunteers are a vital link between the health system and the public.

In 2009-10, volunteers played a pivotal role in Prairie North's mass public immunization campaign against the H1N1 influenza pandemic. Volunteers assisted with registration of the thousands of individuals who came to the immunization clinics around the Region. Volunteers organized the line-ups of clients, communicated information about the process, and supported individuals and health care providers with refreshments. The participation of our volunteers was key in the success of PNHR's immunization campaign.

Volunteers are also integral to two relatively new programs in PNHR. These are the Live Well™ with Chronic Conditions program, and the STRIDES for Better Health program. Under the Live Well™ program, peer leaders are volunteers trained to provide the six-week program supporting self management. STRIDES volunteers assist in conducting the six-week program for cardiac patients referred to the program.

PNHR volunteers are directly supported by the regional Volunteer and Spiritual Services program through registration, orientation, appreciation events, communication, and continued learning opportunities. The program coordinates volunteer-based services for the health region and works with volunteers in program development.

Spiritual Services are another important component of the Region's health care and service spectrum. They include PNHR's chaplain-on-call program, memorial worship services, seasonal celebrations, bible studies, visitation programs, and cultural gatherings. Prairie North believes that spirituality has a significant impact on a client's physical, emotional, mental and social well-being, and works in partnership with local Faith communities.

Key Partnerships

Ministry of Health

The Ministry of Health is PNHR's principal partner in the overall management and delivery of health services to the Region's residents. Under the direction of the Minister of Health, the Ministry is responsible for the strategic direction of the province's health system, determines provincial priorities, provides policy direction, sets and monitors standards, allocates resources, and provides funding to support RHAs in ensuring the provision of essential and appropriate services to their respective populations. The Ministry defines performance and outcome measures, and establishes accountability parameters for the RHAs.

Saskatchewan Association of Health Organizations (SAHO)

SAHO is a non-profit, non-government association of health agencies in Saskatchewan that provides leadership, support and programs for its members. Prairie North Health Region is a member of SAHO, as are all other regional health authorities in the province and the Saskatchewan Cancer Agency, along with independent hospital and special care homes, associations and agencies that provide health services, education and/or regulations. SAHO provides support and education for boards and administrators; human resources, employee relations, and collective bargaining services; payroll and benefit services; injury prevention programs; and communications and materials management support.

Alberta Health Services

Alberta Health Services (AHS) coordinates the delivery of health supports and services across our neighbouring province to the west. AHS is the agency with which Prairie North Health Region works to plan and provide health services at Lloydminster for Alberta residents of the border city. PNHR continues to provide health services to all of Lloydminster, irrespective of the boundary between Saskatchewan and Alberta. Under the long-standing agreement between the two provinces, Prairie North works with Alberta Health Services to plan and deliver health services to Lloydminster and area residents. Funding support for Lloydminster, Alberta and area residents comes from Alberta Health and Wellness through Alberta Health Services.

First Nations Communities and Organizations

PNHR partners with a number of First Nations to help support and deliver health services to Aboriginal clients. Through agreements with the Region, Meadow Lake Tribal Council (MLTC) provides health liaison services for clients at Meadow Lake and Loon Lake. Thunderchild First Nation supports health liaison service at Turtleford. Big Island Lake First Nation, Ministikwan, and Island Lake First Nations participate with PNHR in support of Primary Health Care services and chronic disease management. PNHR has membership from MLTC, Big Island Lake, Island Lake, and Makwa Sahgaiehcan First Nation on the Region's Loon Lake/Goodsoil Primary Health Care Team. Through contract with Onion Lake First Nation, Prairie North provides laboratory service to the Onion Lake Health Centre.

Battlefords Family Health Centre

Prairie North contracts with Battlefords Tribal Council (BTC) Indian Health Services for the provision of Primary Health Care services through Battlefords Family Health Centre (BFHC). The Centre is governed by a Board of Directors including Chiefs of the member communities. PNHR is represented on the Primary Health Care Management Committee. PHC services at BFHC are available to the entire community and include those of three physicians and a nurse practitioner, KidsFirst, and a Sexual Health Clinic. Also available are diabetes prevention and education services, child health clinics, mental health services, lactation consulting, immunizations, HIV/AIDS prevention services, and a Circle of Learning.

KidsFirst

PNHR partners with local agencies in Meadow Lake and North Battleford to deliver targeted support to the most vulnerable families. KidsFirst is an early childhood development program intended to provide vulnerable children with the best possible start in life and to ensure they will be nurtured and supported by well functioning families and communities. Federal/provincial funding for the local program is channelled through PNHR as the accountable partner.

Municipal Health Holdings - Maidstone
North Saskatchewan River Municipal Health Holdings

Prairie North Health Region is fortunate to have two local municipal organizations with which to work in recruiting, retaining, and supporting physicians for several of its rural communities. Municipal Health Holdings - Maidstone (MHH – Maidstone) is comprised of 13 member municipalities and has been in place since June of 1998. MHH - Maidstone has a successful record of recruitment and retention of physicians to serve its local and area residents. Its physicians are based in Maidstone at the clinic operated by MHH at Prairie North's Maidstone Health Complex. MHH physicians also provide clinic services at Cut Knife, Neilburg, Lashburn and Paradise Hill.

North Saskatchewan River Municipal Health Holdings (NSRMHH) was established on May 1, 2005 similar to the Maidstone model. Eleven rural municipalities, resort villages, villages and towns in the Turtleford, St. Walburg and Edam areas joined together to recruit physicians, and to manage and operate the physician clinics in Turtleford, St. Walburg and Edam. The group medical practice is based in Turtleford and provides service as well in St. Walburg and Edam.

North Sask Laundry & Support Services Ltd., Prince Albert

Prairie North is one of four Saskatchewan health regions which own North Sask Laundry (NSL), a health care laundry provider. NSL's processing plant is located in Prince Albert and provides laundry and linen services to health care facilities and clinics in its four owner health regions, plus one additional health region and other facilities such as corrections and education. PNHR purchases NSL's services to provide and maintain linen supplies to many PNHR facilities. Prairie North directly participates in the governance of NSL through mandated membership on the company's Board of Directors.

Educational Institutions

Prairie North Health Region partners with numerous educational institutions and programs to provide educational opportunities within PNHR facilities and sites for clinical placements for post secondary education. Educational partners include North West Regional College, the Saskatchewan Institute of Applied Sciences and Technology (SIAST), and the University of Saskatchewan, to name a few.

Community Living Division – Ministry of Social Services

Prairie North partners with Community Living Division (CLD) to ensure holistic planning and care is provided to complex needs individuals residing at Saskatchewan Hospital. Contractual agreements are in place between PNHR and CLD to establish financial, clinical and discharge planning obligations for each complex needs client.

Ministry of Justice and Attorney General
Ministry of Corrections, Public Safety and Policing

PNHR works closely with the Ministry of Justice and Attorney General and the Ministry of Corrections, Public Safety and Policing to deliver health and legal services to individuals requiring access to the provincial Forensic Services program at Saskatchewan Hospital. Partners include correctional facilities, the Regional Psychiatric Centre in Saskatoon, the Saskatchewan Review Board, and RCMP.

Foundations and Auxiliaries

PNHR is fortunate and grateful to have the support of local Foundations, along with community and facility-based Auxiliaries, to help us meet care and service needs of our patients, residents, and clients. These organizations' generous financial contributions toward the smallest of amenities to enhance patient/resident/client care, to the largest purchases of major capital equipment, are vital to our ability to maintain and strengthen our services.

Foundations & Trust Funds	*Auxiliaries*
	AMGITS (Saskatchewan Hospital Auxiliary)
Battlefords Union Hospital Foundation	Hands of Friendship Auxiliary (Battlefords District Care Centre)
	Dr. Cooke Extended Care Auxiliary
Beaver River Health Care Foundation (Goodsoil)	Edam Health Care Auxiliary
	Goodsoil Health Care Auxiliary
Lady Minto Trust Fund Committee (Edam)	Jubilee Jems Auxiliary (Jubilee Lodge, Lloydminster)
	Lashburn Health Care Auxiliary
Lloydminster Region Health Foundation Inc.	Lloydminster Health Care Auxiliary
	Maidstone Health Care Auxiliary
Loon Lake Health Care Foundation Inc.	Meadow Lake Health Care Auxiliary
	Mervin Health Care Auxiliary
Meadow Lake Hospital Foundation Inc.	Paradise Hill Community Health Auxiliary
	River Heights Lodge Auxiliary
Twin Rivers Health Care Foundation Inc.	St. Walburg Health Care Auxiliary
	Villa Pascal Ladies Auxiliary

Health Care Organizations

Prairie North Health Region works closely with 10 independent health care organizations (HCOs) to deliver programs and services to residents of the Region. Prairie North's HCOs provide emergency medical, addictions, mental health, and continuing/supportive care services. *The Regional Health Services Act* defines a health care organization as:

- a prescribed organization that receives funding from an RHA to provide health services; or
- an affiliate, other than the RHA, that operates a hospital or not-for-profit special care home.

Under the legislation, HCOs must provide health services consistent with the Health Region's operational plan, and must conduct their activities and affairs in a manner that is consistent with and reflects the health goals and objectives of the RHA and the Minister of Health. Contracts must be in place between each HCO and the Health Region. The contracts set out the health services to be provided by the HCO and the funding to be received through the Health Region. According to the contracts, HCOs are required to submit audited financial statements and statistical information to the Health Region. Prairie North maintains strong linkages with each of its HCOs to assist in ensuring that operational and service requirements are met.

Emergency Medical Services

Lloydminster Emergency Care Service **Marshall's Ambulance Care Ltd., St. Walburg**
WPD Ambulance Care Ltd., North Battleford

Prairie North contracts with these three private ambulance companies to provide pre-hospital emergency care to individuals in and around the companies' respective communities and contract areas. A contract is also maintained with Cold Lake Ambulance Society of Cold Lake, Alberta to provide a limited amount of emergency road ambulance service in the far northwest part of PNHR. Ambulance service to other communities and areas of Prairie North is provided by Region-owned and operated services in Cut Knife, Maidstone, Meadow Lake, and Neilburg.

Addictions Services

Walter A. "Slim" Thorpe Recovery Centre Inc., Lloydminster

The Thorpe Recovery Centre is a not-for-profit organization dedicated to providing client-centred and community-based addiction services. The Centre offers a full suite of services including detoxification, residential treatment, outpatient and prevention services, post-treatment programs, and family programs. The Centre provides high quality, highly individualized care that gives each client the optimal chance of avoiding relapse and encourages positive solutions to alcohol, drug and gambling problems.

Prairie North Health Region provides flow-through funding to the Centre to deliver addiction services to Lloydminster and area residents. In 2009-10, the Saskatchewan Ministry of Health provided additional funding to the Centre through PNHR to help address increased costs and maintain service volumes at the current 5-bed level for Prairie North. With the need for addictions services continuing to grow, the Thorpe Recovery Centre is building a new $16.25 million state-of-the-art 72-bed detoxification and treatment facility for adults and youth. Prairie North has been advised it will be asked to provide additional funding as the Centre's operations expand and change.

Mental Health Services

Libbie Young Centre Inc., Lloydminster

The Libbie Young Centre is a non-profit, community-based organization that has been addressing mental health issues by providing educational, vocational, supported and residential services in Lloydminster since 1983. The Centre offers short-term and long-term residential supportive apartment living, as well as day programming to clients of Lloydminster and area. The Centre provides support services for persons experiencing chronic and persistent mental illness.

The Centre is developing a new facility which will include 20 transitional housing units and a resource centre, and plans to break ground on the new site in the summer of 2010.

Canadian Mental Health Association, Battlefords Branch

The CMHA offers pre-vocational, vocational, public education, activity and advocacy services for individuals with mental health challenges.

Edwards Society Inc., North Battleford

The Edwards Society provides accommodation for mental health clients in a structured, supportive family-style living environment to enhance their quality of life and assist with greater self-reliance.

Portage Vocational Society Inc., North Battleford

Portage offers vocational rehabilitation, employment training and placement programs for clients suffering mental or emotional illness.

Continuing/Supportive Care Services

Societe Joseph Breton Inc., North Battleford

The Societe operates the Villa Pascal 38-bed long-term care facility in North Battleford, and is Prairie North's only affiliate organization.

Points West Living Lloydminster Inc.

Points West Living Lloydminster is a 60-suite designated assisted living/supportive housing complex located on the Alberta side of Lloydminster and operated by Connecting Care. The facility opened in May 2008. Admission to the facility is through Prairie North Health Region's Continuing Care single entry point system. PNHR Home Care provides some nursing and case coordination services. Operating funds for the supportive housing program flow through Prairie North from Alberta Health Services.

Key Services

Prairie North Regional Health Authority provides a comprehensive array of health services to the residents of the three cities, seven towns, 17 villages, five resort villages, 14 First Nation communities, 17 rural municipalities that lie entirely within the Region's geographic boundaries, and three rural municipalities a portion of each which lies within PNHR.

Our patient care services cover the spectrum from working with individuals, organizations and communities to prevent illness and promote good health; to providing emergency, diagnostic, and ongoing medical care when patients/clients are in need; helping individuals return to improved health through rehabilitation, care management and ongoing support; providing long-term care to individuals who can no longer care for themselves; and educating, treating, supporting and providing care to individuals facing illness relating to addictions and mental health. The Region also works to safeguard the health of our population and communities.

These services are provided in Region-operated institutions and service sites, as well as through contracted/ private service sites and programs, in community locations, and in client homes.

The Region supports its delivery of patient care services through housekeeping, food and nutrition, facilities maintenance, and materials management programs.

Coordinating and managing all direct care and support services are the Region's administrative programs including finance, information technology, human resources, labour relations, communications, and continuous safety and quality improvement.

Prairie North Regional Health Authority is organized according to the key services we provide.

Key Patient & Corporate Services – Prairie North Health Region

As at March 31, 2010

Acute Care
Hospitals including clinical and diagnostic services, Medical/Physician services, and Specialists

Supportive/Continuing Care
Long-Term Care, Home Care, Day Programs, and Respite Care

Rural Health Services
Health Centres and Integrated Health Facilities

Emergency Response Services
Ambulance and First Responders

Population Health Services
Public Health, Environmental Health, Rehabilitation and Therapies

Primary Health Care
Primary Health, KidsFirst, Intersectoral programs, and Community Development

Mental Health & Addictions Services
Inpatient, Outpatient, and Long-term Rehabilitation

Support Services
Housekeeping, Food and Nutrition Services, Facilities Services, and Materials Management

Corporate Support Services
Executive/Administrative Services including Finance, Information Technology, Human Resources and Labour Relations, Communications, and Continuous Safety & Quality Improvement

PNHR has 198 hospital beds staffed and in operation, along with eight short stay/observation beds in its health centres, and 617 long-term and short-term supportive care beds in its continuing care and integrated health facilities.

Key Activity Indicators

Prairie North Health Region has in place a number of data collection and reporting systems and processes that help us monitor and analyse the work we do and the care and service we provide for our patients, residents, and clients.

We continually strive to assess, standardize, compile, coordinate, and refine the data we collect. The data is used to examine and identify strengths, weaknesses or gaps in our service delivery, along with trends, changes and areas for improvement in what we do and how we do it. This information is integral to our measures of success in meeting the care and service needs of our clients, and in our decision-making processes and planning toward meeting our goals and objectives.

Each year, the Region compiles a report of its key activity indicators so that one can clearly see the volume of services provided.

Acute Care, Diagnostic, & Emergency Medical Service Activity Indicators - PNHR
April 1, 2009 - March 31, 2010

	2009-10 Total	2008-09 Total	2007-08 Total	2006-07 Total	2005-06 Total
Acute Care (Hospital) Separations *	11,021	11,388	10,872	10,200	10,941
Live Births	1,762	1,895	1,826	1,626	1,603
Surgical Cases (OR & Endoscopy)	8,346	8,403	7,660	7,225	7,021
Hospital Emergency Room Visits	91,262	*88,951*[a]	*95,304*[a]	94,716	96,982
Hospital Ambulatory Clinic Visits	25,305	*25,662*[a]	*23,871*[a]	21,173	20,373
Health Centre Ambulatory Clinic Visits	2,478	*3,102*[a]	3,336	3,334	3,239
Laboratory Tests	1.47 million	1.46 million	1.44 million	1.307 million	1.28 million
General Radiography Exams (X-Rays)[b]	64,429	55,205	51,818	53,120	54,239
Ultrasound Exams	13,819	11,449	10,748	8,907	7,307
CT Exams	8,205	7,406	7,530	5,322	813[c]
Ambulance Calls	8,319	8,385	8,742	8,425	8,212
Ambulance Travel (in Kilometres)	975,357	1.059 million	1.09 million	984,314	1.05 million

Note:

* Separations is the national standard term to define the number of patients who spent time in (were admitted to) hospital.

a: Figures are different than those included in 2008-09 Annual Report due to ongoing refinement in data collection and reporting.

b: Includes mammography.

c: CT services in PNHR began in late 2005-06.

Continuing Care, Mental Health & Addictions, & Population Health Activity Indicators – PNHR

April 1, 2009 - March 31, 2010

	2009-10 Total	2008-09 Total	2007-08 Total	2006-07 Total	2005-06 Total
Long-Term Care Admissions	245	245	270	219	253
Short-Term Care Admissions	311	327	380	371	393
Home Care Client Visits	28,250	27,215	28,006	28,320	20,795
Meals-on-Wheels	24,457	25,350	24,325	23,482	24,961
Mental Health Outpatient Visits	28,633	26,544	23,687	23,272	22,619
Mental Health Outpatient Direct Service Hours	26,411	25,230	23,211	22,826	21,865
Addiction Services Clients	6,574	10,079	5,857	5,217	5,159
Addiction Services Direct Service Hours	6776.8	7,594	10,396[a]	5,730	5,220
Physiotherapy Visits	45,084 [c]	39,397	40,696	39,253	33,750
Occupational Therapy Visits	9,686	5,203	4,754	5,964	7,416
Speech Language Pathology Visits	2,426	2,057	2,339	2,208	-----[b]
Public Health Inspections	1,032	891	1,207	1,131	-----[b]
Public Health Complaints, Consultation, & Field Visits	5,550	7,433	6,628	5,647	-----[b]
Clients Seen in Child Health Clinics	6,975	6,802	5,500	5,166	-----[b]
Postnatal Contacts – Public Health	3,521	3,800	3,175	2,796	-----[b]
School Immunizations	4,918	6,913	3,450	3,917	-----[b]
Travel Clinic Clients	3,391	3,350	3,212	2,485	-----[c]

Note:

a: Substantial increase over previous year's numbers due primarily to opening of new Robert Simard Social Detox Unit.

b: Data not previously reported.

c: Includes contracted services for 2009-10.

Service Sites

Prairie North Health Region offers its programs and services through 26 distinct facilities or sites, totalling over one million square feet of space.

Prairie North Health Region Facilities and Sites

As at March 31, 2010

Two Regional Hospitals

Battlefords Union Hospital, North Battleford
Lloydminster Hospital, Lloydminster, SK

One District Hospital

Northwest Health Facility/Meadow Lake Hospital, Meadow Lake

Three Community Hospitals with Attached Special Care Home

Maidstone Health Complex, Maidstone
Riverside Health Complex, Turtleford
Loon Lake Hospital & Special Care Home, Loon Lake

One Provincial Psychiatric Rehabilitation Hospital

Saskatchewan Hospital, North Battleford

Two Health Centres

Manitou Health Centre, Neilburg
Paradise Hill Health Centre, Paradise Hill

Four Health Centres with Attached Special Care Home

Cut Knife Health Complex, Cut Knife
Lady Minto Health Care Center, Edam
L. Gervais Memorial Health Centre, Goodsoil
St. Walburg Health Complex, St. Walburg

One Community/Public Health Facility
(separate from other sites)

Community Health Services Building, Lloydminster, SK

Six Special Care Homes

Battlefords District Care Centre, Battleford
Dr. Cooke Extended Care Centre, Lloydminster, AB
Jubilee Home, Lloydminster
Northland Pioneers Lodge, Meadow Lake
River Heights Lodge, North Battleford
Villa Pascal, North Battleford *(Affiliate)*

Two Primary Health Care Centres
(separate from other sites)

Primary Health Centre, North Battleford
Battlefords Family Health Centre
(Partnership with BTC Indian Health Services Inc.)

One Youth Mental Health Services Site

Child & Youth Services, North Battleford

One Mental Health Services Transition Home

Donaldson House, North Battleford

Two Inpatient Addiction Treatment Centres

Hopeview Residence, North Battleford
Walter A. "Slim" Thorpe Recovery Centre, Lloydminster, AB *(HCO)*

One Multi-Use Site

Lloydminster Co-op Plaza – Suites 101, 104, 108, and 115

Key Risks to the Organization

Successful organizations are those that can identify and anticipate key areas of risk, and proactively plan and implement strategies to mitigate these risks.

Prairie North Health Region maintains a strong focus on the management of risks that challenge the future of the organization's ability to deliver the health care services it is mandated to provide. As in past years, the key risks to Prairie North Health Region centre around financial resources, health human resources, patient and staff safety and capital infrastructure, equipment and technology. Each of these risks is complex and interconnected, and cannot be considered or addressed in isolation. The Performance Results section of this report provides greater detail on PNHR's progress in mitigating these risks.

Patient and Staff Safety

Ensuring the safety of all clients as they access services within the health system and all staff as they fulfill their duties in and on behalf of the health system is a priority across Canada, Saskatchewan and Prairie North Health Region. Many opportunities exist to minimize system errors and create a safer patient and staff experience. Failure to identify, anticipate, and address the overall issue of safety is a key risk to the health system as a whole, and to Prairie North as part of that system.

Categories of risk to patients and staff include critical incidents, occurrences and near misses. Examples include medication errors, falls and injuries, hospital acquired infections, and clinical errors, to name a few. Equipment failures, and unsafe and unhealthy work environments and practices also pose significant risk to patients and workers, as do lack of awareness and knowledge about safe practices and requirements.

To address these risks, Prairie North has placed ever stronger emphasis on addressing the challenges and opportunities related to safety. Patient and staff safety is everyone's business and everyone's responsibility. PNHR continues implementation of its Continuous Safety and Quality Improvement (CSQI) Plan. Components include an active and effective Occupational Health and Safety Program, maintenance of a comprehensive client risk management program in compliance with the provincial mandate, linkages with human resources to ensure an appropriate and effective staff development/educational plan, and collaboration with the healthy workplace program to improve the work environment and experience.

The Region has also focused on patient and staff safety in its 2007-08, 2008-09, and 2009-10 budget priorities with use of capital resources to upgrade and improve equipment and physical environments.

As a focus on improving patient and staff safety, PNHR is working to achieve compliance with Accreditation Canada's Required Organizational Practices (ROPs) which are totally focused on safety. The 31 ROPs that all participants in the Accreditation Canada program are bound to achieve focus on patient safety as a culture of the organization, as a communication priority, as a focus of medication use, as an emphasis in the work life/workforce of the organization, and as a priority in infection control, falls prevention and risk assessment.

Prairie North Health Region believes that patient safety and staff safety must go hand in hand: that the Region cannot provide a safe environment for our patients, residents, and clients if we do not provide a safe working environment for our staff. Prairie North is preparing for its third Regional Accreditation Survey early in 2010-11.

Financial Resources

Sustaining the Region's financial viability in the face of the past two years' world-wide financial downturn is a significant risk for Prairie North Health Region. As discussed in the Financial Summary section of this report, while the year began with a relatively stable financial outlook, the perspective had changed by mid-year with reduction in provincial operating funding to the Region. Add to that the substantial risk to PNHR with anticipated reductions from Alberta for health services provided to Albertans by Prairie North at Lloydminster, and PNHR was facing a more than $3 million shortfall in operating funding alone.

To manage the shortfall, PNHR kept a close reign on expenditures and deferred implementation of new initiatives for Lloydminster unless funding commitment for Alberta's portion of the initiatives was received from Alberta Health Services. Regrettably, PNHR did not receive final commitment on its total funding from Alberta until virtually the end of the 2009-10 operating year.

To mitigate the risk around the uncertainty of Alberta funding, Prairie North worked continually to establish appropriate and effective communication with Alberta Health Services. The state of transition of the Alberta health system made it difficult for PNHR to have its voice heard. Prairie North also worked continually with the Saskatchewan Ministry of Health to elevate the matter to the Ministry level for resolution bi-provincially.

Going forward, Prairie North continues striving to raise the profile and significance of health services and issues at Lloydminster with Alberta Health Services. The Region is also maintaining tight control on expenditures and implementing strategies including Lean and Releasing Time to Care™ that have the potential for financial savings as well as improved patient care.

Sick leave and overtime costs remain a significant risk to the financial viability of Prairie North Health Region and its ability to provide services. In the past year, sick time and overtime usage cost PNHR approximately $10 million – funding that was not available to be redirected toward improving patient care. PNHR continues to emphasize recruitment and retention, healthy workplace initiatives, education and attendance support, and return-to-work programs to help reduce the need for overtime and improve sick leave utilization numbers. Reducing sick time and overtime costs will remain a priority for PNHR in the year ahead.

Human Resources

Ensuring adequate and appropriate numbers of health care professionals to provide the care and service that patients need is an ongoing challenge for Prairie North Health Region and the health system as a whole.

Due in large part to initiatives of the province to train, recruit, and retain increasing numbers of nurses, Prairie North made progress over the past year in reducing nurse vacancies. The SUN/Government Partnership Agreement resulted in creation of more frontline nursing positions in PNHR. The Region's shortage of nurses abated somewhat as new nurses joined the workforce. Previous recruitment incentives of Prairie North and the province also began to show results as new nurses completed their education and began to fulfill their bursary return-for-service commitments.

The downturn in financial markets worldwide served to keep nurses and other health care providers who might have been considering retirement in the workforce. This helped to bolster retention; however, PNHR's workforce is aging. With returning strength to national and provincial economies, nurses and other employees who may have postponed retirement may again be contemplating departing the workforce. PNHR anticipates that the initiatives of the SUN/Region Recruitment and Retention Committee will serve to help retain nurses.

A lack of physician resources is now the largest human resource risk facing Prairie North. As discussed in the Performance Results section of this report, a significant turnover of physician resources in Meadow Lake over the fall and winter jeopardized the Region's ability to maintain Emergency department services in the new City of Meadow Lake. Patient access to physician emergency and non-emergency services became significantly stressed.

PNHR, remaining Meadow Lake physicians, and local health care providers developed and implemented strategies to maintain access to emergency medical services. Locum physician services were secured to provide coverage. Recruitment efforts produced results early in the new year. PNHR and Meadow Lake physicians continue working to rebuild the community's medical corps.

Prairie North seized the opportunity in Meadow Lake, in partnership with remaining physicians, to transition the Meadow Lake practice to the Primary Health Care model. The Region anticipates that in time the model will help stabilize the city's physician complement and improve patient access to care.

Prairie North acted on a similar opportunity in the Maidstone area to introduce the Primary Health Care model to physicians and patients there. PNHR is optimistic of similar long-term doctor recruitment and retention results.

The Region is also recruiting to nurse practitioner positions in Meadow Lake and Maidstone to augment physician services and help meet patient care needs on an ongoing basis.

Consistent with the provincial direction, Prairie North is turning its physician recruitment efforts toward Saskatchewan-trained and Canadian-trained doctors. To enhance local recruitment efforts, PNHR is working to become a key player in the Distributed Learning Model for medical students, with the intent that doctors who experience rural communities in particular will settle and practice there upon graduation.

PNHR continues to experience risk in a few hard-to-recruit areas, such as pnarmacy management. Recruitment efforts are ongoing.

The Region's aging workforce is another risk to the organization, including in executive management and other management positions. A Succession Planning Committee has been established to develop a plan to identify, transition, and recruit individuals through the varying levels of the organization.

Capital Facilities, Equipment and Technology

Prairie North Health Region is exposed to safety, financial and sustainability risk in relation to a number of its buildings. These facilities are its largest and oldest in North Battleford and Meadow Lake, along with one of its busiest and most crowded sites in Lloydminster. Replacement, significant upgrading or expansion of them is required, along with ongoing maintenance of all others.

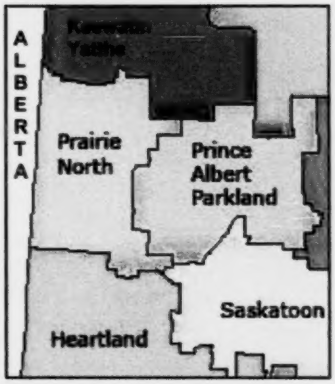
PNHR continues to work toward replacement of Saskatchewan Hospital in North Battleford and Northland Pioneers Lodge in Meadow Lake. As detailed in the Performance Results section of this report, planning has progressed in the past year on the Meadow Lake project, and the Region is eager to proceed with re-scoping of the Saskatchewan Hospital project. Both require approval and funding from the Ministry of Health to move forward with construction. In the meantime, both facilities are being maintained to support patient/staff safety and reduce risk.

In the absence of a long-term commitment to rejuvenate and expand Lloydminster Hospital to meet ever increasing demand for services and safety, Prairie North is developing plans for a short term upgrade and expansion to the most vital areas: the Emergency Department, Admitting, and Medical Imaging. PNHR is optimistic that commitment will be received from Saskatchewan and Alberta Ministries of Health for the Lloydminster Hospital upgrade to begin in 2010-11.

Prairie North is managing its other capital facility, equipment, and information technology risks through its three to five-year capital management, capital equipment and IT plans. Ministry support for capital equipment, IT, and safety/lifting equipment totalled $1 million in 2009-10. PNHR continues to rely heavily on its Foundations, Auxiliaries, communities and individuals for contributions to support the purchase of capital equipment. Efforts to have Alberta recognize and meet its financial responsibilities toward equipment purchases for Lloydminster are ongoing.

Our Region

Prairie North Health Region covers a large (29,951 square kilometres) and geographically diverse area in the northwest part of central Saskatchewan. The Region is bounded on its western side by the Alberta border; extends north past Meadow Lake, Dorintosh and Goodsoil to the Keewatin-Yatthe Health Region boundary; borders Prince Albert Parkland Health Region along most of PNHR's eastern boundary; and extends as far south as the North Saskatchewan River near Maymont, includes the Red Pheasant and Mosquito First Nation reserves, and continues west along a straight line just south of Rockhaven and Cut Knife, to the Alberta border. This southern boundary is the Heartland Health Region.



Each Saskatchewan Health Region is unique. In Prairie North's case:

- the health region is home to Canada's only border city: Lloydminster, Saskatchewan/Alberta. This presents special considerations and challenges for the management and provision of health services to people living under differing provincial jurisdictions in the same community.
- PNHR is the only health region in Saskatchewan that is home to two regional hospitals: Battlefords Union Hospital in North Battleford, and Lloydminster Hospital on the Saskatchewan side of Lloydminster. This too sees Prairie North face special dynamics in balancing priorities and resources between two regional hospitals to ensure both sites fulfil their potential as regional health centres.
- PNHR is the site of Saskatchewan's only provincial psychiatric rehabilitation hospital – Saskatchewan Hospital North Battleford. The facility is owned by the province and operated by Prairie North. SHNB, as it is known, is home to the province's Forensic Services program.

Key industries in PNHR are resource-based including oil and gas, agriculture and related service sectors, forestry, tourism and recreation. Public services such as health and education are significant elements of the northwest economy, along with the retail/business sector. Prairie North is home as well to strong and growing First Nations enterprises that are adding substantially to the region's economy.

Population Demographics

To meet the health needs of our residents now and into the future, we must understand our population: who our residents are, where they live, their age, their gender, and more. In the case of Prairie North Health Region, we must pay particular attention to the significant Aboriginal population, as we strive in partnership with Aboriginal communities and agencies to address their health care needs and the factors that influence health.

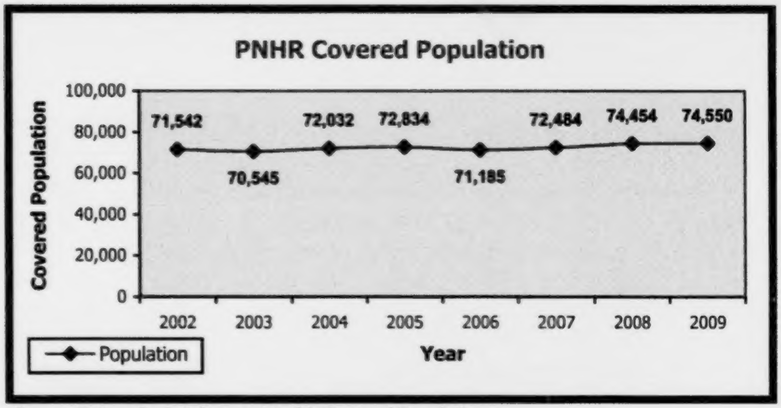
NOTE: With the exception of the specific section about Lloydminster (pages 27 and 28 of this report), the population data referred to in this section does NOT include the residents in and around Lloydminster on the Alberta side of the border.

Additionally, Prairie North Health Region now has available its first comprehensive Health Status Report that provides a wealth of demographic information on the Region's population, along with a detailed look at the determinants of health, population health status, and the social, economic, and cultural context in which PNHR exists. The PNHR Health Status Report 2008 can be accessed at www.pnrha.ca

Total Population – Prairie North Health Region

Prairie North Health Region's population continues to gradually increase, according to the most current Saskatchewan Ministry of Health Covered Population report to the end of June 2009.

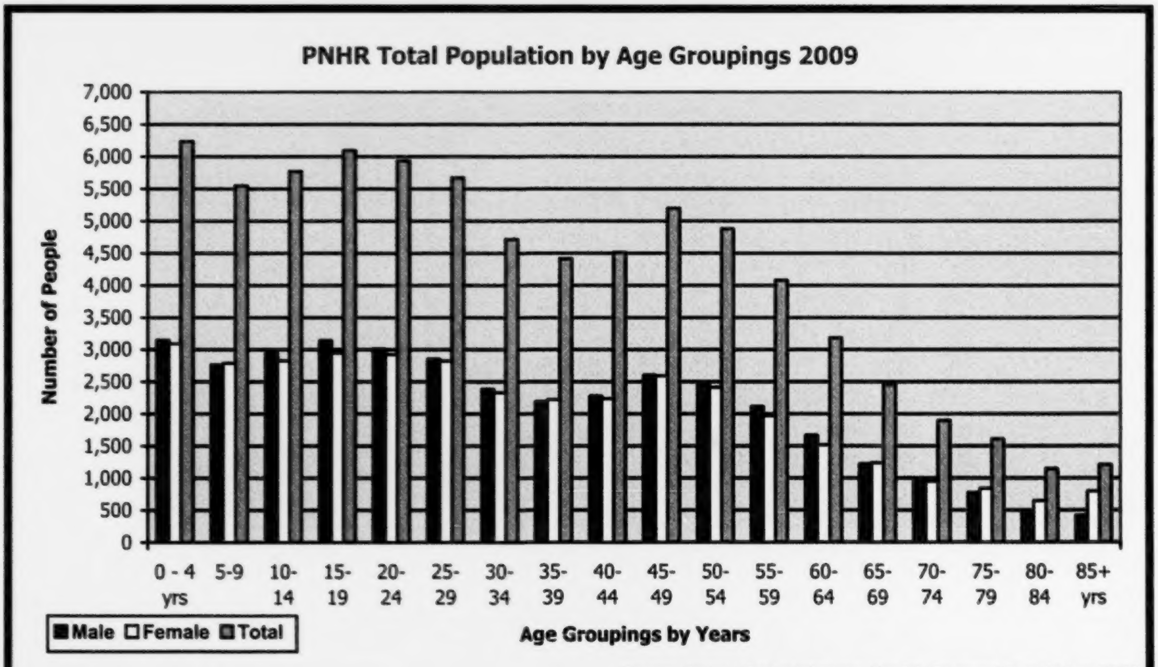
As of June 30, 2009, PNHR's health covered population stood at 74,550, a 0.13% increase from June 30, 2008. The percentage increase was above that of Saskatchewan as a whole which saw a 0.07% rise during the same period. Both the province's and PNHR's rate of population growth slowed during the period from the levels of June 2007 to June 2008.



Source Data: Saskatchewan Health Covered Population 2009, 2008, 2007, 2006, 2005, 2004, 2003, & 2002

PNHR's population is the fourth largest among Saskatchewan's 13 health authorities, behind Saskatoon RHA, Regina Qu'Appelle RHA and Prince Albert Parkland RHA. However, if the number of Lloydminster ALBERTA residents is added to the total PNHR Saskatchewan population, the total number of people PNHR serves falls just under 92,000. That would make PNHR the third largest Saskatchewan RHA, behind Saskatoon and Regina.

Similar to the province as a whole, PNHR's population is divided almost equally between males (49.7%) and females (50.3%). As the graph below shows, a large portion (47%) of the Region's population is aged from birth to 29 years of age. Near 42% is between 30 and 65 years of age. The smallest group (11%) is age 65 years and over.



Source Data: Saskatchewan Health Covered Population 2009

Nearly half of PNHR's residents (48.64%) live in the Region's three largest communities of The Battlefords (North Battleford and Battleford together), Lloydminster (SK), and Meadow Lake. Just over one third (33.14%) of Prairie North citizens reside in the Region's towns, villages, resort villages, and rural municipalities. The remaining 18.22% of PNHR residents live in First Nation communities within the health region.

While the changes are slight, the percentage of Prairie North's population living in The Battlefords, Lloydminster (SK) and Meadow Lake declined in 2009 from 49.11% the previous year. The percentage of those living in the Region's towns, villages, resort villages, and rural municipalities slipped again from 33.35 at June 30, 2008 and 33.69 at June 30, 2007. The percentage of the Region's residents living in First Nations communities rose from 17.54% in June 2008.

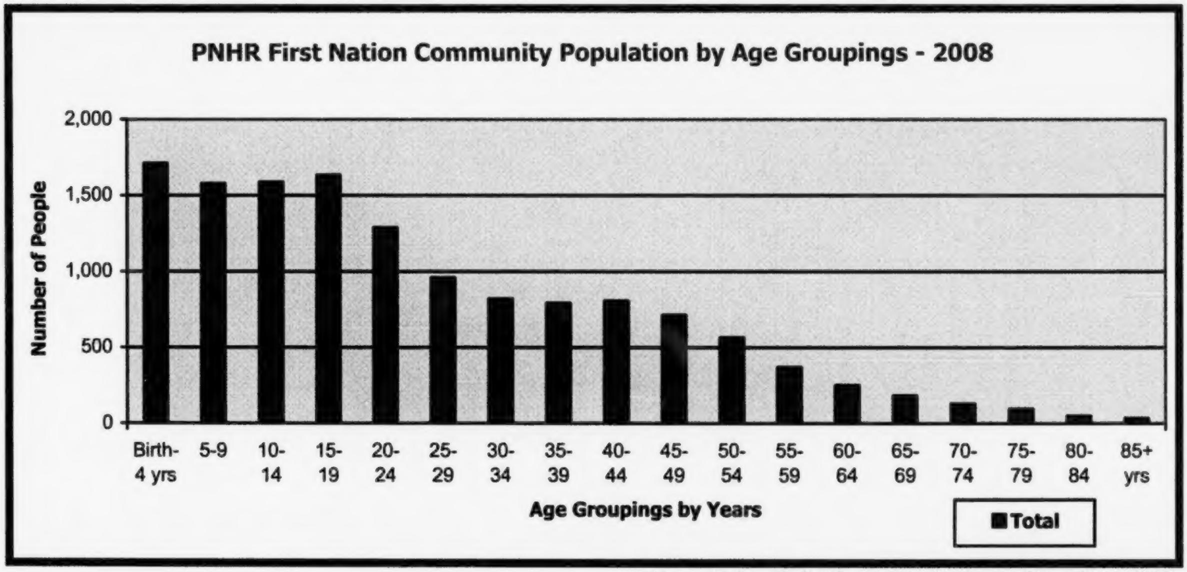
Registered Indian & Aboriginal Identity Population - PNHR

Nearly a third of the population of Prairie North Health Region is of Aboriginal descent. According to Statistics Canada's 2006 Census, 28.95% of PNHR residents identify themselves as Aboriginal. The rate is nearly double that of Saskatchewan as a whole, of which 14.88% of residents identify themselves as Aboriginal.

According to the June 30, 2009 Saskatchewan Ministry of Health Covered Population data, Prairie North's Registered Indian population stands at 18,266: 24.5% of the Region's total population. Among Saskatchewan's 10 southern health authorities, PNHR has the highest percentage of Registered Indian population. Only the percentages of the three northern health authorities are greater. The percentage of Registered Indian population of Prairie North is more than double that of Saskatchewan as a whole at 10.63%.

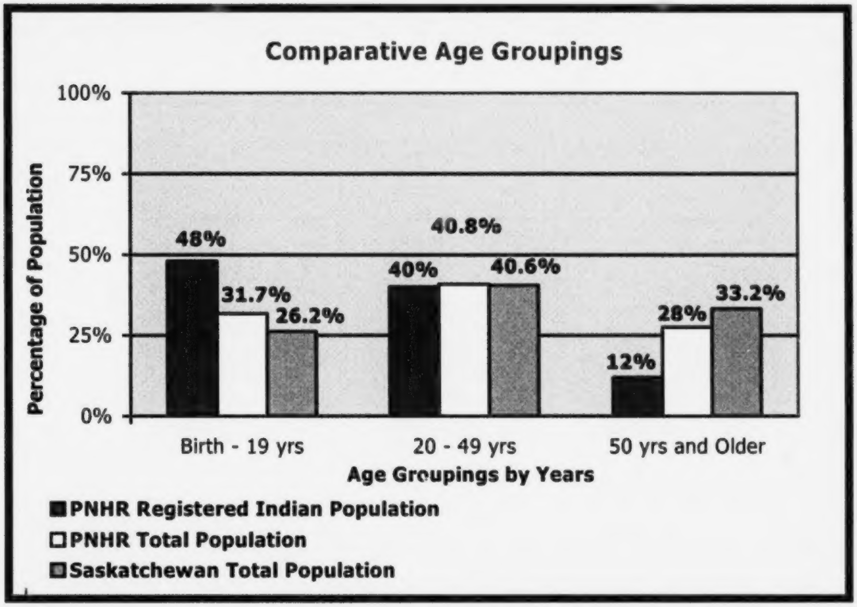
The Saskatchewan Ministry of Health Covered Population statistics allow us to create a snapshot of our First Nations residents by age groupings. The data is important to the current and future development and provision of health services in partnership with our First Nations and overall health region population.

Analysis of the data illustrated in the chart below reveals that nearly half (48%) of the 13,560 residents who live in First Nations communities within Prairie North Health Region are between the ages of birth – 19 years. Forty per cent (40%) are ages 20 – 49. Only 12% are 50 years of age and older.



Source Data: Saskatchewan Health Covered Population 2009

Comparatively, First Nations communities in PNHR have a higher percentage of people in the birth to 19 year age groups than does Prairie North as a whole. PNHR has a larger Registered Indian population up to 19 years of age than does the province overall. The percentage of people ages 20 – 49 is approximately even for the Registered Indian population in PNHR, Prairie North as a whole, and Saskatchewan.



Source Data: Saskatchewan Health Covered Population 2009

Saskatchewan has a higher percentage of residents age 50 and over than does Prairie North. The Registered Indian population in Prairie North for this age group is less than half that of the Region as a whole, and only just over a third of the provincial level.

This demographic information is vital to planning and delivery of health services to meet the needs of a young First Nations population, and significant mid to retirement age groups in PNHR as they move toward and into retirement and their elder years.

Lloydminster

The demographic information discussed in the previous section of this Annual Report does not include the significant population on the Alberta side of Lloydminster, to which Prairie North provides service.

For the past several years, Lloydminster has been one of Saskatchewan's and Canada's most rapidly expanding communities. The city has experienced significant growth on both sides of the border and in surrounding areas.

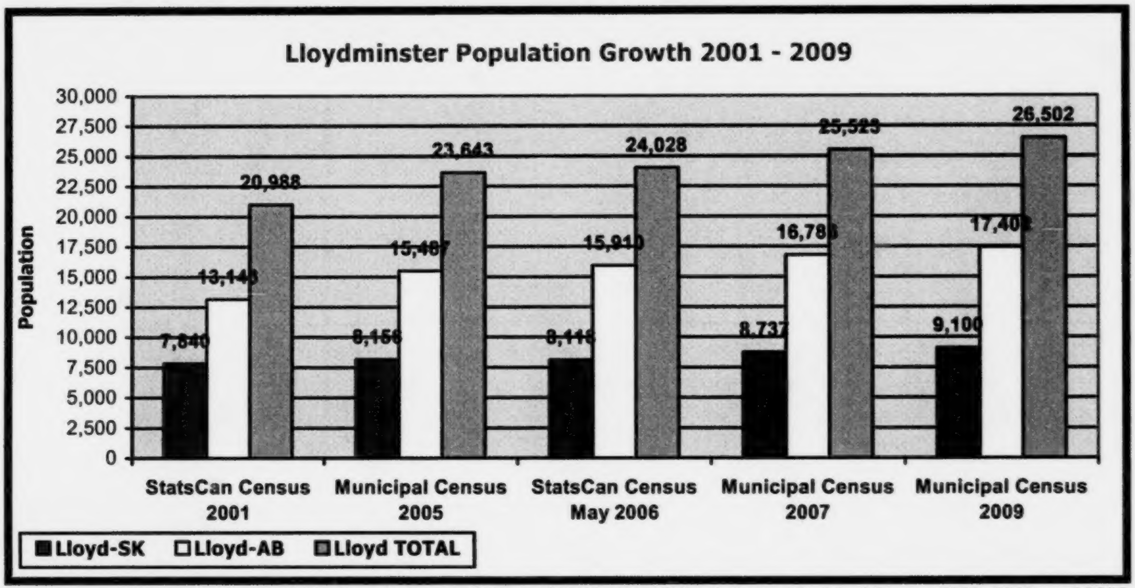
To keep track of its population growth and the implications that growth has on the community, the City of Lloydminster conducted a third municipal census in the spring of 2009. The results peg Lloydminster's total population at 26,502. The population on the Alberta side of the Border City (17,402) is nearly double that on the Saskatchewan side (9,100). Percentage-wise, 65.7% of Lloydminster residents live in Alberta; 34.3% live in Saskatchewan.

Lloydminster's phenomenal growth began in about 1976. In the past decade alone (2001 Statistics Canada Census to 2009 Lloydminster Municipal Census), the city's population has increased by over 26%. Most of that growth was on the Alberta side of the city; however, between 2007 and 2009 the growth rate (4.2%) on the Saskatchewan side exceeded that (3.7%) on the Alberta side. The growth rate on both sides of the border slowed between 2007 and 2009, compared to 2005-2007 when the Lloydminster AB population grew by 8.4% and the Lloydminster SK population grew by 7.1%.

In planning for and delivering health services to Lloydminster, factors beyond its rapid growth must also be taken into consideration. The age of its population is one such element. According to the 2009 Lloydminster municipal census, 50.1% of its residents are between the ages of 20 – 49; nearly a third (28.2%) is between 0 to 19 years of age; and the remaining 21.6% is 50 years of age and older.

In comparison with statistics noted earlier in this report, Lloydminster has a lower percentage of residents age 50 years and over than does Prairie North as a whole (21.6% and 28% respectively). Lloydminster has a greater percentage of residents ages 20 – 49 years (50.1% compared to 40.8% for PNHR). The percentage of Lloydminster residents in the 0 – 19 years age groups is less than PNHR as a whole (28.3% compared to 31.7% for PNHR).

By gender, 51.35% of Lloydminster's population is male, slightly higher than PNHR's 49.7%; 48.6% of Lloydminster's population is female, compared to PNHR's 50.3%.



Source Data: Statistics Canada Census 2001 and 2006; City of Lloydminster Municipal Census 2005, 2007, and 2009

When considering the population served by Prairie North Health Region relating to the Border City, the rural area surrounding Lloydminster and the significant "shadow" population in and around the city on both sides of the border must also be included. It is difficult to put a total figure on the Lloydminster service area population, depending on how that service area is defined. The population could range from roughly 37,000 to nearly 96,000, according to the June 2007 Functional Program and Master Plan for Lloydminster Hospital. The shadow population is even harder to determine, consisting of individuals who work in the community and area during the week and access health services at Lloydminster, but who have permanent addresses elsewhere.

Looking ahead and based on Lloydminster's average annual growth rate of 4% since 1948, the city's population is forecast to more than double over the next 20 years, to 58,069. This continued growth will have a significant impact on all community resources, including health care and service resources. PNHR and the Ministries of Health in Saskatchewan and Alberta must be mindful of this projection in its longer term planning for programs and facilities.

Health Status

Identifying and monitoring the health status of the population we serve is important in planning services and programming that will help Prairie North Health Region move closer to our vision of 'Healthy People in Healthy Communities."

To this end, PNHR makes increasing use of its first ever Health Status Report completed in 2008. The Report provides an overarching sense of the health status within Prairie North and reflects changes and trends in the health of the population over a period of years. The indicators presented and discussed within the Report help PNHR identify areas of concern, anticipate health needs, plan for services and programs, and target initiatives to improve the overall health of our population.

Following is a summary of select health status and outcome indicators contained in the Report. The health status of the population is complex, dynamic, and multi-faceted, making it extremely difficult to come to simple conclusions.

Life Expectancy

In Prairie North Health Region at birth, male children can expect to live to be 76 years of age; female children can expect to live to the age of 80.8 years. These 2001 figures are comparable to the life expectancy at birth in Saskatchewan and Canada overall, and have increased slightly from 1997 levels of 74.5 years for males and 80.6 years for females in PNHR.

In Prairie North Health Region at age 65, males can expect to live another 16.8 years, while females can expect to live another 20 years. These rates too are comparable to Saskatchewan and Canadian life expectancies at age 65, but are slightly lower than they were in 1997. PNHR must continue to monitor its life expectancy levels to determine if a downward trend exists in life expectancy for men and women at age 65. This would be an area of concern for Prairie North if the numbers continue to decline. The Region would have to look at why and explore initiatives to reverse such a trend.

Life expectancy is a widely used indicator of the health of a population. It measures the quantity or anticipated length of a person's life, not the quality. In Canada, life expectancy rates for the population are increasing. Life expectancy is higher for women than for men, and increasing rates of life expectancy have an impact on the proportion of elderly people in the population.

Infant Mortality

Infant mortality rate is among the most widely recognized indicators of the overall health of a population. It is calculated as the number of infant deaths over three consecutive years, divided by total live births over the same three years, multiplied by 1,000.

In Prairie North Health Region, 7.5 infant deaths are recorded per 1,000 live births, according to 2002-2004 data. The Saskatchewan infant mortality rate is 5.9. Prairie North's rate is two-thirds higher than it was in 1999-2001.

Infant mortality rates reflect not only the level of infant deaths, but also the health status and health care of a population, the effectiveness of preventive care, and the attention paid to maternal and child health. Broader social factors such as maternal education and smoking also impact infant mortality. An infant death serves as a warning of possible deficiencies in the physical and socio-economic environment, nutrition, education, or health of a community. Achieving a reduction in the infant death rate requires a multi-faceted approach.

Prairie North has focused on its pre- and post-natal maternal/child programs including health promotion initiatives to try to positively impact the indicator from the health perspective. The Region is working to strengthen its community development initiatives and partnerships to influence health determinants like poverty, nutrition and education that are factors in infant deaths.

Self-Rated Health Status

As recently as 2007, 61% of Prairie North Health Region residents self-rated their health as excellent or very good. That's slightly better than the Saskatchewan rate of 56%, and just above the national rate of nearly 60%. Since 2000, the proportion of PNHR's population rating their health as excellent or very good has fluctuated between 54% and 61%.

Self-reported health is a general indicator of the overall health status of individuals. It is collected using a five-point reporting scale, ranging from excellent to poor. Self-reported health tends to be influenced by age. Increasing age tends to lead to consideration of one's health as less than very good or excellent. In adolescents, girls tend to report lower levels of health than their male counterparts.

Physical activity and nutrition are linked with higher levels of self-reported health status. Lifestyle factors including smoking, excessive drinking, and drug use have been associated with lower ratings of self-perceived health. Depression has been associated with reduced odds of reporting excellent or very good health, especially in women. Prevalence of chronic conditions is reflected in perceived health status. Higher family income has also been associated with better self-evaluation of health status.

Overweight and Obesity

Just over 41% of adults 18–64 years of age within Prairie North Health Region described themselves as overweight, according to the Canadian Community Health Survey 2007. In the same survey, 17% defined themselves as obese.

Overweight is defined as having a body mass index (BMI) between 25 and 29.9. The standard for obesity is a BMI of 30 and over. BMI is the most common method of determining if an individual's weight is in a healthy range.

Comparison of PNHR numbers to percentages for Saskatchewan as whole show more people overweight in Prairie North than across the province at 32.5%, while a smaller percentage of PNHR residents rate themselves as obese compared to nearly 21% across the province. PNHR's obesity rate has fallen sharply from 24.8% in 2005. While the drop would be a welcome change, results of subsequent surveys will have to be analysed to see if the lower 2007 rate is the start of a downward trend. Conversely, the percentage of PNHR's population that considers itself overweight is increasing over time.

Emphasis must continue to be placed on healthy food choices and increased levels of activity for our population. High levels of overweight and obesity pose major challenges in the long-term provision of health services to help manage and care for chronic conditions that often result.

Obesity has been identified as a major risk factor contributing to a number of chronic illnesses such as type II diabetes and heart disease. Obesity may also impact on conditions including osteoarthritis and other joint disorders, mental health, and quality and quantity of life. Reducing the risk of obesity decreases the risk of a number of chronic conditions such as cardiovascular disease, type II diabetes, and certain types of cancer.

Physical Activity

Closely linked to overweight and obesity is physical activity, or a lack thereof. Inactivity is a major risk factor for obesity, diabetes, and heart disease. Maintaining physical activity is associated with a range of health benefits including improved heart health and mental health. Increased participation in physical activity is also associated with a reduced incidence of high-risk behaviours such as smoking, alcohol and substance abuse, and inadequate dietary practices among teenagers and youth in general. Physical activity tends to decrease with age.

In Prairie North Health Region in 2007, 42.2% of the population 12 years of age and over reported that they are active and/or moderately active in their leisure time. The rate is less than the Saskatchewan figure of 46.1% and the national average of 49%. More females (45%) in PNHR reported to be active and/or moderately active than males (39.4%). That is a reverse of Saskatchewan and national data that shows females less physically active than males.

Regardless, based on the numbers, Prairie North must continue a strong emphasis, through our Population Health Promotion initiatives, on encouraging and supporting our population in increasing physical activity.

Diabetes Prevalence Rate

Sedentary lifestyle, in combination with other factors, is associated with high risk of developing diabetes. Other risk factors include smoking, alcohol, hypertension, heart disease, gestational diabetes and stress. A high carbohydrate, high fat and low fibre diet could also predispose individuals to diabetes. Individuals with long-standing obesity are at high risk of developing diabetes.

According to 2005-06 data from Saskatchewan's Ministry of Health, the prevalence of diabetes in Prairie North Health Region has increased from 45.1 per 1,000 persons in 2000-01 to 67.9 per 1,000 persons in 2005-06. PNHR's prevalence rate is third highest in the province, where it has been throughout the period.

High or rising diabetes prevalence rates put pressure on the health system to increase health services related to the disease, including chronic disease management, diabetes education, renal and cardiac care. Additionally, strategic direction must focus on reducing the risk factors for diabetes such as obesity, physical inactivity, and nutrition. With Prairie North and Saskatchewan's growing First Nations population and the propensity for diabetes to afflict Aboriginal peoples, the necessity exists to work ever more closely with First Nation communities to deal with the risks and results of the disease for this significant sector of our citizens.

Incidence and prevalence of diabetes tends to increase with age. Individuals who have diabetic first-degree relatives tend to carry a higher risk of developing diabetes than those without. First Nations and non-Caucasian individuals have a higher risk of type II diabetes than Caucasians. The risk is reversed in type I diabetes. Sex-specific diabetes prevalence rates are generally higher in males than in females, especially in type II diabetes.

Diabetes is a progressively debilitating disease associated with several other comorbidities or chronic disease complications, including limb losses through amputation. Diabetes carries high utilization costs and quality of life implications.

Sexually Transmitted Infections

The number of sexually transmitted infections (STIs) identified within the boundaries of Prairie North Health Region has spiked since 2003. In 2007, 745 cases of Chlamydia and Gonorrhea were identified, nearly double the 379 cases identified in 2003. The Saskatchewan rates for both STIs are also increasing; however, the rates for PNHR are markedly higher than the provincial rates.

The number of identified cases of Syphilis in PNHR reached six in 2007. In the previous decade 0-2 cases of Syphilis were identified per year in Prairie North.

The STI rates are of concern not only because of the transmissibility and potential complications of these infections, but also because of the relationship to Human Immunodeficiency Virus (HIV). Sexual transmission of HIV is enhanced by the presence of other sexually transmitted infections. In most recent years, PNHR has seen an increase in the number of HIV cases present within its jurisdiction: from an average of 1-2 cases per year to 4-5 cases per year since 2005. It must be pointed out, however, that according to the *HIV/AIDS in Saskatchewan 2005* report, the primary risk factor for HIV infection in Saskatchewan remains intravenous drug use, followed by men who engage in sex with men, and heterosexual sexual relations.

2009-10 Performance Results

Prairie North Health Region has made substantial progress over the past year along the journey set forth through the Ministry's Strategic and Operational Directions for the Health Sector, the Ministry/RHA Accountability Document, and the Region's Strategic Plan.

In alignment with the Four Pillars for Planning, Prairie North's priorities have been to refocus on the patient and the patient experience, to continually improve and enhance the quality and safety of the care and service we provide, to strengthen and engage our workforce, to find and improve efficiencies in the use of our resources, and to work toward improving the health of the population.

PNHR experienced many successes and challenges in 2009-10 as we worked to maintain, enhance, implement, or plan services, programs, or initiatives. These successes and challenges are discussed in the performance results which follow. The section reports on the key actions, measures and targets that the Ministry refers to as the 'Health System Dashboard'. This Dashboard is reported on by all Saskatchewan Regional Health Authorities in their annual reports to provide consistent information on the progress of each Region in meeting the key system goals. The following section also reports on performance in areas Prairie North views as important to the Region's progress.

Pillar: Health of the Individual

Customer Satisfaction and Engagement

Putting the patient first and providing the very best health care possible is the top priority of the Saskatchewan health system. The system and the health regions are working to improve the individual experience by providing exceptional care and service to patients/customers, consistent with best practice and customer expectations.

INCREASING PATIENT/CUSTOMER SATISFACTION

KEY ACTION: *To develop, implement and publicly release by December 31, 2009, a board-approved plan for engaging the customer that includes clear service delivery expectations and region-specific targets for improved customer engagement and satisfaction.*

Measure: *% of patients who rate service as excellent or exceptional.*

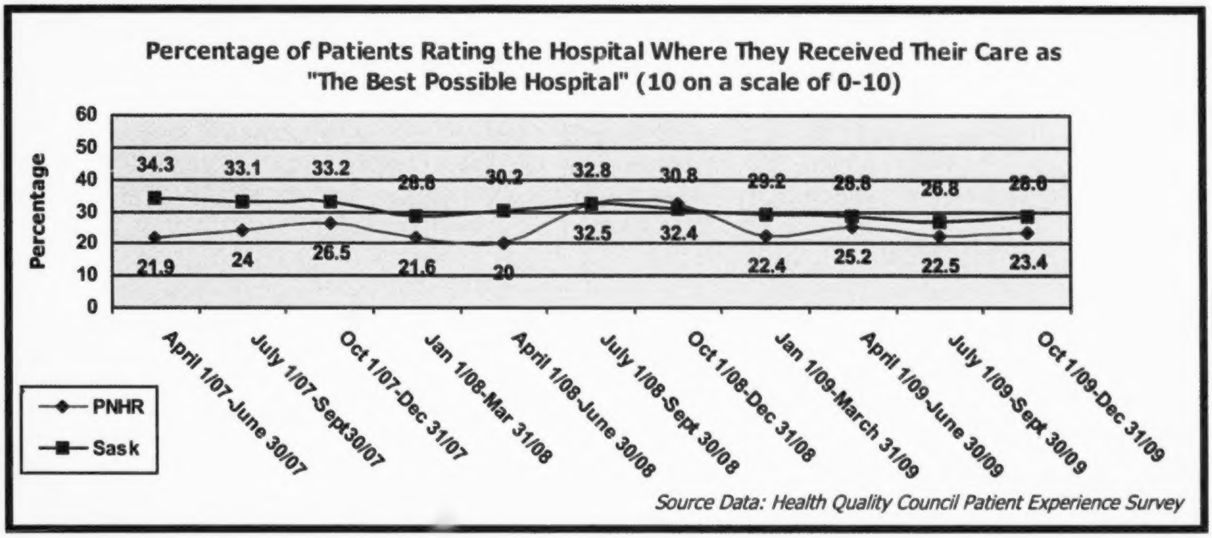
Target: *The majority of patients rate service as excellent or exceptional, by March 31, 2012.*

PNHR PERFORMANCE RESULTS:

Since 2007, Saskatchewan's Health Quality Council (HQC), in collaboration with health regions, has been surveying, monitoring and reporting on patient satisfaction with acute care hospital services. The survey is conducted continually and randomly with individuals who had services at an acute care hospital. Respondents participate voluntarily. Results are reported regularly to health regions.

Among numerous questions in the survey, patients are asked to rate the hospital where they received their care, on a scale of 0 to 10 where 10 is the highest rating, as the "best possible hospital." This is a global measure aimed at indicating how well hospitals perform at meeting patient expectations. The "Best Possible Hospital" measure is represented as the percentage of patients who rate service as excellent or exceptional.

Patients of Prairie North's five acute care hospitals have been among those surveyed. As the chart which follows indicates, 20% to 32.5% of respondents rated the PNHR hospital where they received their care as the "Best Possible Hospital." The ratings fall slightly below those of Saskatchewan hospitals as a whole (28.6% to 34.3%).


Percentage of Patients Rating the Hospital Where They Received Their Care as "The Best Possible Hospital" (10 on a scale of 0-10)

Source Data: Health Quality Council Patient Experience Survey

The results for Prairie North establish a baseline for the Region's customer satisfaction measure, and indicate room for improvement in the patient experience. Going forward, Prairie North is undertaking numerous initiatives to improve the patient experience across the continuum of care. In acute care specifically, Lean and Releasing Time to Care™ initiatives have been implemented, aimed at refining and simplifying processes to refocus and add value for the patient. Region-wide emphasis on continuous safety and quality improvement are also integral to improving the patient experience.

ENGAGING THE CUSTOMER

KEY ACTION: *To develop, implement and publicly release by December 31, 2009, a board-approved plan for engaging the customer that includes clear service delivery expectations and region-specific targets for improved customer engagement and satisfaction.*

Measure: *Status of developing and communicating service delivery expectations.*

Target: *100% of new staff receive orientation on an ongoing basis (in place by March 31, 2010); and 100% of existing RHA staff have received orientation on the Region's service delivery expectations by March 31, 2011*

PNHR PERFORMANCE RESULTS:

Prairie North Health Region has developed and begun implementation of a Customer Engagement and Service Expectations Framework. The Framework was approved by the PNRHA Board on December 16, 2009.

The Framework is a statement of what customers can expect when they walk into any PNHR facilities or access service from any program. The Framework is based on the values of respect, compassion, excellence, collaboration, stewardship, and responsiveness and identifies key strategies to reflect each value. Each strategy sets out a number of expectations for Region staff, physicians, managers and Board members to adhere to in delivering service to the Region's customers/clients/patients.

Implementation of the Framework began March 1, 2010 with its incorporation into Prairie North's Regional Orientation program for new employees. Twenty-nine of the 39 new employees (74%) hired in March attended the Regional Orientation and were trained in PNHR's customer engagement and service delivery expectations. A broad plan to communicate, educate, and orientate all current PNHR employees and physicians to what is expected of them in providing service to our customers is being developed. Rollout of the Framework to managers is slated for June, July and August 2010. Sessions begin in September for frontline staff.

Access to Surgical and Medical (Diagnostic) Imaging Services

Developing and implementing a strategy to better manage surgical waitlists and improve access to surgical and diagnostic services is a priority of the Saskatchewan health system. The Saskatchewan Surgical Initiative (SkSI) was unveiled in late March 2010. SkSI is a plan to improve the experience of Saskatchewan surgical patients, reduce surgical wait times to no more than three months in four years, ensure that shorter wait times can be sustained into the future, and make changes that result in better and safer care for surgical patients.

INVOLVING PATIENTS IN DECISION-MAKING

KEY ACTION: *To improve the appropriateness, efficiency and effectiveness of processes involved in the delivery of diagnostic imaging and surgery by implementing Shared Decision-Making methods and approaches to inform and engage patients in decisions about elective surgery.*

Measure: *Development and implementation of a shared decision-making framework.*
Target: *Full implementation by March 31, 2010.*

PNHR PERFORMANCE RESULTS:
Prairie North Health Region is represented on the Guiding Coalition of the Saskatchewan Surgical Initiative and is participating in the work to develop a shared decision-making framework that will inform and engage patients in decisions about elective surgery. The Coalition is soliciting the experiences of patient advisors along with their advice on what shared decision-making looks like. The Guiding Coalition is also pulling together experiences in shared decision-making from other health care systems that are using this model. The Guiding Coalition of SkSI represents the frontline surgical experience and consists of 65 members including health care providers, representatives of health care unions, regions, regulatory bodies, patient advisors, and others.

ACHIEVING SURGICAL CASELOADS

KEY ACTION: *To adopt, monitor and achieve the targets established by the Ministry for diagnostic imaging and surgery, and to improve both patient flow and the patient experience across the entirety of the surgical episode value stream, from primary care through to rehabilitation and home.*

Measure: *Surgical volumes compared to target.*
Target: *100% of expected surgical case volume – 4,500 cases for PNHR.*

PNHR PERFORMANCE RESULTS:
As the chart to the right shows, Prairie North Health Region has again exceeded the number of surgical cases it was expected to achieve. PNHR provides surgical services at Battlefords Union Hospital, Lloydminster Hospital and Meadow Lake Hospital.

Through most of the year, PNHR has been able to maintain a strong complement of surgical services at all three sites. PNHR has functioned with a slate of three general surgeons, two operating room assistants, and four GP/Anaesthetists in each of Lloydminster and North Battleford, plus two obstetrician/gynaecologists in each centre, and a full-time ophthalmologist who provides surgical services at both sites.

Surgical Cases Performed In Relation to Surgical Case Targets - PNHR

	Actual # of Surgeries	Target # of Surgeries	Variance of Actual from Target	Actual as % of Target
2004/05	3,091	-----	-----	-----
2005/06	4,353	4,161	+192	104.6%
2006/07	4,403	4,488	-85	98.1%
2007/08	4,739	4,291	+448	110.4%
2008/09	5,199	4,500	+699	115.5%
2009/10	**5,103**	**4,500**	**+603**	**113.4%**

Source: Saskatchewan Surgical Patient Registry

An itinerant ophthalmologist provides services at Lloydminster as does a visiting orthopaedic surgeon in North Battleford. Visiting orthopaedic services were initiated at Lloydminster Hospital in April of 2009. The Battlefords also has a resident otolaryngologist (ear, nose, and throat 'ENT' specialist) who performs surgeries at BUH. Visiting ENT services are available at Lloydminster.

Surgical services at Meadow Lake are provided by two GP/Surgeons and three GP/Anaesthetists, plus a visiting Obstetrician/Gynaecologist. Dental surgeries are performed in North Battleford and Lloydminster.

The Saskatchewan Surgical Initiative aims to increase the number of surgeries performed in the province by 3,000 in the coming year. Prairie North Health Region is eager to work with the Ministry of Health to determine and provide what additional surgeries it can under the Saskatchewan Surgical Initiative.

REDUCING SURGICAL WAIT TIMES

The SkSI also intends to reduce surgical wait times to no more than three months in four years. While the province is now keeping pace with the demand for surgeries, progress must continue to be made on the list of patients waiting for surgeries. The 2009-10 Strategic and Operational Directions for the Health Sector set out a target to reduce that wait time to no more than 12 months.

KEY ACTION: *To adopt, monitor and achieve the targets established by the Ministry for diagnostic imaging and surgery, and to improve both patient flow and the patient experience across the entirety of the surgical episode value stream, from primary care through to rehabilitation and home.*

Measure: *# and % of patients waiting 12+ months for surgery.*
Target: *0% of patients wait 12+ months for surgery.*

PNHR PERFORMANCE RESULTS:

At any given point in time, patients are on waiting lists for surgery. The aim is to manage wait lists as efficiently as possible to reduce the amount of time a patient waits for surgery while managing that surgery according to its level of urgency.

Over the past year, as the chart to the right shows, the total number of patients seeking surgery at PNHR hospitals has grown. This is evidence of a busy surgical program and more surgeons adding patients to the list. However, the number of patients waiting more than 12 months for surgery is relatively small and has remained so over the past year.

The percentage at the end of each month of patients waiting more than 12 months for their surgery in PNHR has ranged between only 2.5% and 0.5%. The range is well below the provincial range over the same period, of 15.6% to 14.6%. PNHR will continue to participate in initiatives of the SkSI to lower wait times and achieve the targets established.

Percentage of Cases on Surgical Wait List at End of Month That had Already Waited 12+ Months - PNHR

	Total # of Cases on Wait List	# of Cases Already Waited 12+ Months	% of Cases Already Waited 12+ Months
March 31, 2009	669	14	2.1%
April 30, 2009	601	15	2.5%
May 31, 2009	567	19	3.4%
June 30, 2009	592	8	1.4%
July 31, 2009	650	11	1.7%
August 31, 2009	671	7	1.0%
September 30, 2009	727	12	1.7%
October 31, 2009	631	16	2.5%
November 30, 2009	671	16	2.4%
December 31, 2009	883	12	1.4%
January 31, 2010	979	14	1.4%
February 28, 2010	883	4	0.5%
March 31, 2010	992	14	1.4%

Source: Saskatchewan Surgical Patient Registry

Additionally, PNHR is working to improve the surgical patient experience by enhancing safety and efficiency: implementation of the surgical safety checklist began early in 2010 in the operating rooms (OR) of Battlefords Union and Lloydminster Hospitals. Preparation is underway for implementation of the next phase of the Surgical Information System (SIS) to link materials management to the OR for efficient ordering and preparation of supplies and resources.

IMPROVING ACCESS TO SPECIALIZED DIAGNOSTIC IMAGING SERVICES – CT AND MRI

Access to specialized diagnostic imaging services including Computed Tomography (CT) and Magnetic Resonance Imaging (MRI) should not be a barrier to reducing the surgical waitlist and surgical wait times, nor to accessing care and treatment that patients need. CT and MRI services are available in Prairie North Health Region.

KEY ACTION: *To adopt, monitor and achieve the targets established by the Ministry for diagnostic imaging and surgery, and to improve both patient flow and the patient experience across the entirety of the surgical episode value stream, from primary care through to rehabilitation and home.*

Measure: *CT scan- # and % of exams and elective patients served within 90 days compared to targets.*
Target: *100% of expected patient volumes for CT scans – 5,115 exams for PNHR.*

PNHR PERFORMANCE RESULTS:

Prairie North Health Region exceeded its target of 5,115 CT scans performed in the Region in 2009-10. The success was due to PNHR's ability in March and September 2009 to move to 24-hours a day, 7-days per week service for CT in North Battleford and Lloydminster respectively. The Region was able to recruit new staff and provide additional training to existing staff members to stabilize and strengthen CT service. Patients requiring a CT scan can access the service during regular business hours Mondays through Fridays and additionally, on an emergency basis, evenings, weekends and holidays.

In addition to meeting our volume target, PNHR has also been successful in reducing its wait times and wait list for CT scans. The longest wait for CT service in Prairie North was 90 days as of December 2009. By the end of March, the longest was 35 days. Even at its highest, PNHR's wait time did not exceed the provincial guideline of 90 days.

Number of Patients as a Percentage of Target for CT Services – PNHR

	Actual Number	Target Number	Actual as % of Target
2005-06	698	1,125	62.0%
2006-07	3,578	3,830	93.4%
2007-08	4,876	3,860	126.3%
2008-09	4,260	4,636	91.9%
2009-10	**6,768**	**5,155**	**131%**

PNHR's wait list for elective CT scans has also declined, from 174 in April and May of 2009 to 90 at the end of March 2010. The wait list was highest in July 2009 at 179, and lowest in January 2010 at 26.

Measure: *MRI - # and % of exams and elective patients served within 90 days compared to targets.*
Target: *100% of expected patient volumes for MRI - 250 patients, 380 exams (Saskatchewan patients) for PNHR*

PNHR PERFORMANCE RESULTS:

Mobile magnetic resonance imaging (MRI) services are available in Lloydminster under a unique partnership between Alberta and Saskatchewan. The mobile MRI unit is owned and operated by Alberta Health Services. The unit visits Lloydminster Hospital one week in every five. During the other four weeks, the unit provides service in four Alberta communities. Through funding from Saskatchewan's Ministry of Health, Prairie North pays for scans provided by the mobile MRI service at Lloydminster for residents of our province.

The past year was the first full year of operation for the mobile MRI service at Lloydminster. The service began in May 2008. The target volume for 2009-10 was 250 Saskatchewan patients and 380 exams at Lloydminster. The volumes were exceeded, with 393 Saskatchewan patients accessing the mobile MRI service, totalling 453 exams.

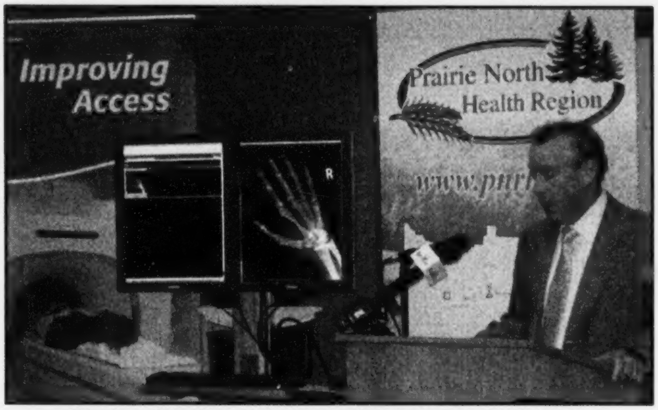
Prairie North Health Region has no control over the wait lists or wait times for mobile MRI patients at Lloydminster. All cases requested through the mobile MRI are considered routine; the service does not support urgent MRI cases. Most urgent cases are sent to Saskatoon or Edmonton. PNHR has requested additional days of service at Lloydminster; however, no commitment to accommodate the request has yet been received.

IMPROVING ACCESS THROUGH TECHNOLOGY

Both Prairie North Regional hospitals are now part of Saskatchewan's Radiology Information System (RIS) and Picture Archive and Communication System (PACS) - among the first in our province to be part of the digital imaging network.

RIS-PACS, as it is known, was officially launched at Lloydminster Hospital on June 29, 2009 joining Battlefords Union Hospital on the secure computer system for the storage, retrieval and display of diagnostic images including x-rays and CT scans. BUH joined the system in February/March 2009.

The state-of-the-art system captures and digitally stores the images in a provincial archive that can be accessed by authorized health care professionals anywhere in Saskatchewan. Surrounding area Alberta physicians who order imaging examinations in Lloydminster Hospital are also able to view their patients' images from their physician offices.



Minister of Health Don McMorris officially launches RIS-PACS at Lloydminster Hospital.

Using PACS, physicians can consult over the phone with specialists elsewhere on the system while viewing a patient image. The consult can happen within minutes of the image being taken. The result is better access to specialists and less travel for patients. Safeguards are in place to ensure only health professionals involved in patient care can access the patient's personal health information. Secure access to a patient's digital images helps authorized health care professionals offer the highest quality of care to their patients.

Implementation of the system means no more use of x-ray films at Battlefords Union and Lloydminster Hospital. The Medical Imaging Departments at both facilities are now "filmless", improving efficiency, timeliness, and security for patients and staff.

Plans are underway to develop a mammography program in Lloydminster Hospital. The program will parallel that at Battlefords Union Hospital and improve access to the service closer to home for Lloydminster and area residents.

PNHR is also working to improve patient access to ultrasound service. The Region experienced significant wait lists and wait times for ultrasounds over the past year at its Regional hospitals, as well as at its District hospital in Meadow Lake, due to ultrasound staffing and equipment issues.

Between North Battleford and Lloydminster hospitals, the wait list was as high as 349 people in August of 2009, with the longest wait being 210 days. Concerted efforts to reduce the numbers dropped wait times to below 60 days by the end of March 2010. The wait list also declined by about one-quarter, to 261 at the end of March. For Meadow Lake, ultrasound is a visiting service from North Battleford one day per week. As staffing is available, service increases in response to need. However, with staffing issues for the service at Battlefords Union Hospital, wait times for ultrasound in Meadow Lake have grown to between six to eight weeks. Urgent needs are accommodated in North Battleford. Meadow Lake physicians do provide obstetrical/gynaecological ultrasound service.

PNHR is working to upgrade and standardize the ultrasound equipment at the two Regional hospitals and Meadow Lake Hospital. Staffing is anticipated to return to more normal levels and PNHR will work to decrease its ultrasound wait lists by more effectively using available staff. The addition of a second technologist at the private clinic in Lloydminster has helped ease the pressure on the ultrasound service at Lloydminster Hospital.

IMPROVING ACCESS TO ACUTE CARE/SURGICAL BEDS

Each day in Prairie North Health Region, up to 10-15 people are in acute care/hospital beds waiting for placement in Long-Term Care (LTC). This means that between 5% - 8% of PNHR's acute care beds are unavailable for acutely ill or injured patients. Results can include new patients having to stay overnight in emergency departments, delays in bringing people back to the Region's hospitals from tertiary sites, and back-up or cancellation of surgeries as surgical beds are used to accommodate other acutely ill patients.

Ensuring surgical beds are available for surgical patients is a key strategy in reducing patient waits for surgery.

KEY ACTION: *To develop and implement, by June 30, 2009, a Board approved plan for discontinuing the placement of patients in need of long-term care in an acute care bed for any duration of time.*

Measure: *# of patients classified as awaiting long-term care placement in an acute care bed by facility and by region as of June 30, 2009 and March 31, 2010.*

Target: *The number of patients classified as awaiting long-term care placement in an acute care bed has been reduced by 65% as of March 31, 2010.*

PNHR PERFORMANCE RESULT:

In August of 2009, PNRHA Board members approved in principle a plan developed by the Region to address the issue of long-term care and alternate level of care (ALC) clients in acute care beds, awaiting placement in LTC. The plan focused on increasing capacity in the Region's facilities and programs to serve the needs of LTC and ALC clients, and improving processes of admission, assessment, discharge and transfer. Policy changes were implemented including mandatory 24-hour turnover of vacant LTC beds and acceptance of admissions to long-term care six days per week (including Saturday), from the previous five days (Mondays through Fridays).

Despite these moves to improve access to LTC beds, PNHR did not achieve the 65% reduction target as of March 31, 2010. As of June 30, 2009, a total of 12 patients in the Region's five hospitals were awaiting placement in LTC. While the numbers varied by hospital over the next nine months, the total number of patients waiting placement remained relatively constant, between 12 and 14, and stood at 13 on March 31, 2010.

Part of the reason for PNHR's inability to meet the target surrounds a lack of alternatives in the Region to acute and long-term care for people requiring significant medical or nursing attention. Approximately 15% (92) of PNHR's 617 long-term care beds are occupied by people under 75 years of age, with chronic and significant medical and nursing care needs. It is not unusual to find young adults, teens and occasionally children residing in LTC beds in Prairie North. Without other long-term residential care options, these individuals who require extensive non-acute medical/nursing care are accommodated in long-term care.

PNHR anticipates making progress in the months and years ahead in reducing the number of patients in hospitals waiting placement in LTC, as the Region moves forward with other elements of its plan:

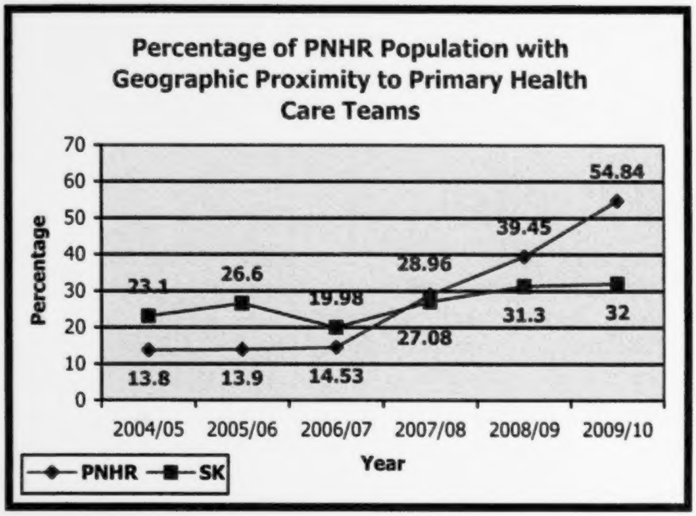
- PNHR is implementing an advanced nursing position for geriatrics. The nurse practitioner will visit the Region's LTC facilities, assessing residents and addressing client concerns that in the past required a physician's visit or a transfer to hospital for assessment/diagnostic tests, and treatment.
- Planning is underway for the 'Home with Help' concept where an on-call Home Care Assessor could come to an emergency department or hospital inpatient unit to assess a patient's ability to be discharged home. Arrangements would be made for a family member or a Home Health Aide to spend the first night with the client in the client's home.

Longer term plans call for inclusion of Adult Day Programs in the new long-term care home to be built in Lloydminster, and in the new LTC home being planned for Meadow Lake.

Access to Quality Health Services and Supports

EXPANDING PRIMARY HEALTH CARE

Prairie North Health Region is proud of the progress it continues to make in development and expansion of Primary Health Care services across the Region. In 2009-10, PNHR added two PHC sites to its existing network of five. Maidstone/ Cut Knife/ Neilburg/ Lashburn/ Paradise Hill joined the PHC program as of November 1, 2009, followed on December 1, 2009 by Meadow Lake.



Addition of the Maidstone area and Meadow Lake to the PHC network brings to over half (54.84%) the Region's population within geographical proximity to primary health care teams. For 2009-10, PNHR had targeted to maintain the five PHC teams/sites it had in place at the start of the year. Prairie North grasped opportunities presented by physician turnover and support in the Maidstone area and Meadow Lake to expand the PHC network.

Residents of Prairie North can now access the services of PHC teams through seven PNHR Primary Health Care sites:

- Meadow Lake
- Turtleford/Edam/St. Walburg
- Goodsoil
- Battlefords Family Health Centre (partnership with Battlefords Tribal Council Indian Health Services)
- Maidstone/Cut Knife/Neilburg/Lashburn/Paradise Hill
- Loon Lake
- Primary Health Centre, North Battleford

Nurse practitioners (NPs) are integral components of Primary Health Care teams. Addition of the two new PHC sites in 2009-10 has increased the total number of NP positions within the Region to 11: three for Meadow Lake, one for Maidstone, one for Turtleford/Edam/St. Walburg, one each for Loon Lake and Goodsoil, and two each for the PHC sites in North Battleford.

As of March 31, 2010, only five of the 11 NP positions were filled: one for Turtleford/Edam/St. Walburg, one in each of Loon Lake and Goodsoil, two at Battlefords Family Health Centre in North Battleford, and one at the Primary Health Centre in North Battleford. The shortage of available nurse practitioners has left a gap in development of comprehensive, holistic primary health care. PNHR continues its efforts to recruit to the vacant positions. The Region has also developed a 'grow your own' strategy and is encouraging interested local registered nurses to pursue further education to obtain nurse practitioner certification.

A Primary Health Care Team Facilitator works with all members of the PHC teams, providing training and opportunities for collaboration and skill development. In the past year, all PHC team members had access to Crucial Conversations Training to improve communication and coordination of health services among disciplines.

PNHR continues implementation of an Electronic Health Record system in its PHC sites. Both North Battleford sites and the Turtleford/Edam/St. Walburg site have fully implemented an electronic medical record (EMR) with the goal of improved information sharing and patient outcomes. PNHR intends to implement the Saskatchewan PHC information technology system in all the Region's PHC sites, resulting in increased integration and improved access to client information. All Prairie North PHC sites have access to the Pharmacy Information Program (PIP).

Prairie North Health Region takes this opportunity to congratulate Battlefords Family Health Centre (BFHC) on its tenth anniversary of operations. BFHC has been in operation since January 2000 and is one of the first primary health service sites in Saskatchewan. Development of the centre was a joint initiative of Battlefords Tribal Council, Battlefords Tribal Council Indian Health Services, Battlefords Health District, and Saskatchewan Health.

Ten years after its launch, BFHC continues to offer clinical services of physicians and nurse practitioners, along with counselling services for families with young children, health education, a sexual health clinic, a community garden project and a community kitchen. Services are available to all residents: Aboriginal and non-Aboriginal alike.

STRENGTHENING EMERGENCY MEDICAL (AMBULANCE) SERVICES

Pre-hospital and inter-hospital emergency medical services (EMS) are vital elements of the continuum of care. Saskatchewan's government committed to improving EMS services through positive changes that would benefit patients, families, health professionals and communities across the province. To that end, the Ministry of Health commissioned a provincial review of EMS in late 2008 focusing on improvements to the system that would ensure timely provision of consistent quality services to patients, at acceptable and reasonable cost to patients, and sustainable into the future.

The Saskatchewan EMS Review was completed and released in late 2009 and presented a vision for the future of EMS. That vision is one of a high performance Mobile Health Service that will serve a broad range of patient care needs. The Review offered 19 recommendations to transform the EMS system. Development of a provincial action plan in response to the recommendations is the next step.

Prairie North Health Region welcomes the recommendations of the EMS Review and is committed to working with the Ministry on their implementation. PNHR has already begun working toward a broader scope for its EMS services, utilizing EMS in non-traditional roles. These include use of paramedics in the Emergency Department at Battlefords Union Hospital, and EMS staff providing assistance to hospital staff in the Emergency Department at Meadow Lake Hospital.

EMS
MAIDSTONE

Maidstone Ambulance personnel with the new Maidstone Ambulance.

In response to new educational requirements of the Saskatchewan College of Paramedics, PNHR created a Regional EMS Education Committee. The committee is comprised of staff from PNHR's Region-owned and contracted road ambulance services. The committee's role is to develop and implement continuing education for EMS staff throughout the Region. New and interesting continuing education programs have been developed and implemented by the committee for all Prairie North EMS staff.

PNHR continues to support the First Responder Program. The Region has 118 First Responders in 25 communities. PNHR provides the training for new Responders. Each ambulance service is responsible for the continuing education of First Responders in its service area.

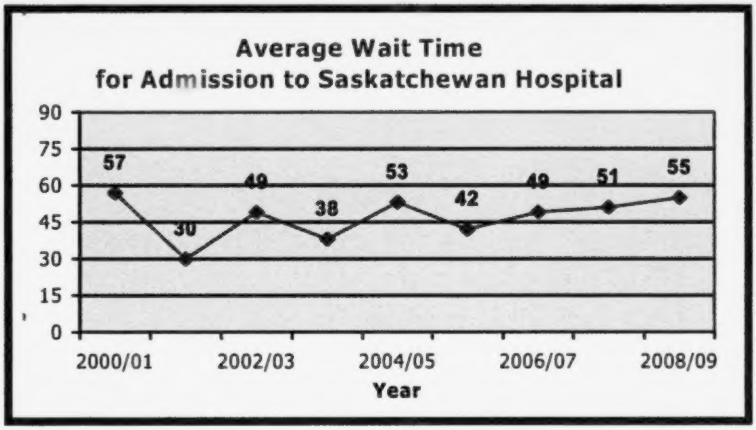
Maintaining a fleet of quality up-to-date ambulances is an ongoing priority for EMS. The Region has a fleet of nine ambulances and works to replace one each year to ensure safe, reliable vehicles for patients and staff. Maidstone Ambulance Service was upgraded in the past year with receipt of a new EMS vehicle.

PNHR's contracted ambulance service providers also strive to maintain and upgrade their services, equipment and facilities. In May 2009, Marshall's Ambulance Care Ltd. of St. Walburg officially opened its new facility, improving operating, office, and storage space for EMS personnel and staff.

MEETING SPECIALIZED PSYCHIATRIC REHABILITATION NEEDS – SASKATCHEWAN HOSPITAL

Saskatchewan Hospital North Battleford is our province's only specialized psychiatric rehabilitation hospital. It currently functions with 156 beds including a 24-bed Forensic Unit. Service delivery at SHNB includes short term rehabilitation services; forensic services; extended rehabilitation services; respite, assessment and consultation on a provincial basis; and outpatient services including assessment, psychosocial programs and follow-up, along with liaison with other service providers. Care delivery focuses on ensuring individualization – that care for each patient is geared to his or her specific needs; normalization – providing care in as home-like and normal an environment as possible; continuity; and patient/family involvement.

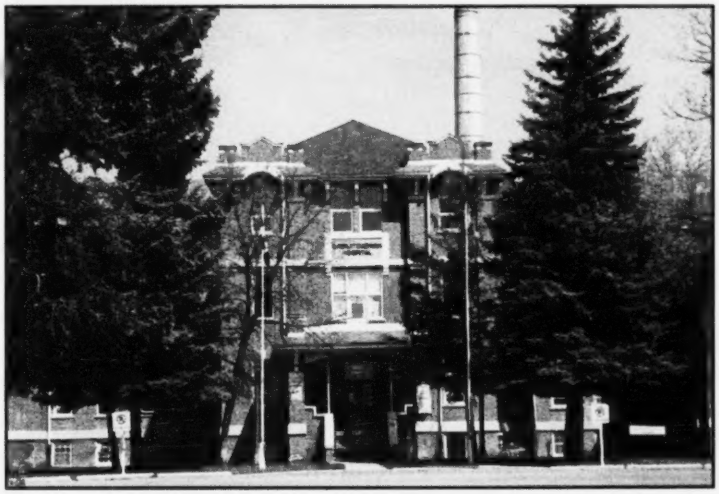
The past year saw 163 admissions to SHNB, 130 (80%) of which were to the Forensic Unit. A year earlier, 160 individuals were admitted to SHNB, 140 (87.5%) of which were to the Forensic Unit. Wait times for admission to the Forensic Unit are minimal. Individuals are admitted directly by order of the Justice system.



The average wait time for all other admissions to SHNB varies from year to year, depending on factors such as availability of beds for placements, progress of individual clients toward discharge from the program, and the ability to discharge clients back to their home communities. SHNB functions at capacity with few, if any, beds vacant to accommodate immediate admissions. According to the most recent statistics, the average wait time for admission to SHNB in 2008-09 was 55 days. The indicator does not include admissions to the Forensic Unit.

Managing the individuals who have been identified as having complex needs remains an issue for Saskatchewan Hospital. Collaboration with Community Living Division of Saskatchewan Social Services is critical in helping SHNB to meet the care needs of these complex needs patients.

SHNB continues to experience an increase in the past year in the number of individuals who applied and were recruited in the nursing department. Nevertheless, maintaining sufficient staff numbers is an ongoing challenge. Through the SUN/Government Partnership Agreement, two 8-hour nurse positions have been implemented on SHNB's Admissions Unit. These positions have been helpful in improving the delivery of service as well as improving patient satisfaction. Two additional 8-hour positions have been approved under the Partnership Agreement for the SHNB Rehabilitation Unit III.



Staff and residents of Saskatchewan Hospital remain optimistic about plans to replace the nearly 100-year-old facility. More details about the project are found under the Sustainability Pillar on pages 58 and 59 of this report.

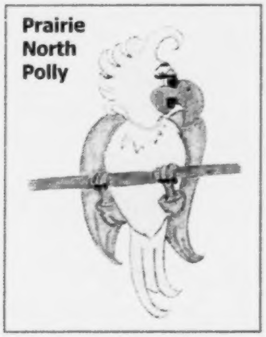
Safe and Quality Patient Care

IMPROVING HEALTH CARE SAFETY - ACHIEVING ACCREDITATION STANDARDS

All Saskatchewan health regions are required to participate in a process known as Accreditation. Accreditation is an external peer review to assess the quality of a health organization's services and functioning, based on national standards of excellence.

The focus is on improving patient safety through continuous quality improvement (CQI). Prairie North believes that patient safety and health care provider safety must go hand in hand. The Region believes we cannot provide a safe environment for our patients, residents and clients if we do not provide a safe working environment for employees. Accreditation is a means of reducing risk and drawing attention to CQI for the benefit of patients/residents/clients and health care and service providers.

Prairie North Polly



Prairie North Health Region was busily preparing in 2009-10 for its third Regional Accreditation survey since PNHR came into being in August 2002. The latest Accreditation process is known as 'Qmentum', a combination of 'quality' and 'momentum' reflective of the drive an organization will have to continue to deliver high quality health care to its patients and communities.

The Qmentum program is designed to more accurately measure compliance with national standards through frontline staff surveys and interviews. The surveys are computerized and the responses identify a 'Road Map' that helps target areas for improvement.

Qmentum sets out 31 Required Organizational Practices (ROPs) with which all health regions must comply and for which evidence must be provided to determine the level of compliance with the national standards. New ROPs are added each year covering an ever greater number of services and program standards.

Surveyor Sam

Throughout the past year, Prairie North Board members, staff and physicians have worked through 19 Accreditation teams to review and improve compliance with the ROPs, and to evaluate and implement action plans to ensure continuous safety and quality improvement.

To help educate and involve people in Qmentum, PNHR developed Prairie North Polly and Surveyor Sam. 'Polly' was visible throughout the Region spreading the word about ROPs. 'Sam' was introduced to help prepare individuals for the survey visit. Both are the brainchild of PNHR Accreditation leaders Sonja Pellerin and Gail Lavoie. Polly was drawn by PNHR staff member Lisa Lavoie-Chahley. Sam's creator is Gail Lavoie.

From May 31, 2010 to June 4, 2010, PNHR will host eight surveyors from Accreditation Canada. The surveyors are peer reviewers and experienced health care professionals from health facilities across the country. They will spend the week speaking with patients/residents/clients, staff and physicians throughout Prairie North, as well as with representatives of community partners and agencies about the Region's services, processes, practices and relationships. The surveyors will review documentation and visit most PNHR health facilities and sites.

The accreditation process helps the Region better understand our status in terms of continuous safety improvements and quality health care. This includes being assessed on and understanding what is being done well, what needs to be improved, and what next steps need to be taken to make those improvements. Accreditation demonstrates the health region's commitment of safe, quality health care and service to our staff, our patients/residents/clients, and our communities.

IMPROVING INFECTION PREVENTION AND CONTROL

Prairie North Health Region maintains a vibrant, progressive Infection Prevention and Control program.

Resources were focused from April through December on infection prevention and control related to the H1N1 influenza pandemic. Educating health care providers, supporting pandemic planning, reviewing and reinforcing infection prevention and control practices, and participating in surveillance of patients with influenza-like illness (ILI) were top priorities. Investigations were done in relation to every ILI patient admitted to a PNHR acute care facility. Follow through was required to ensure proper precautions were in place and the necessary data was collected.

Despite the H1N1 pandemic, PNHR experienced fewer outbreaks in its health care facilities in 2009 than it did the year before. Outbreaks of infectious disease are not uncommon in health care facilities. Each was effectively managed according to the Region's Infection Control Protocol. PNHR has guidelines in place to help determine the source of any outbreak in its facilities and to limit the spread of infection as quickly as possible to minimize illness and deaths of residents, patients and staff.

Outbreaks in PNHR Facilities

	2004	2005	2006	2007	2008	2009
Enteric (GI) Infection Outbreaks	6	2	5	6	3	5
Respiratory Infection Outbreaks	0	2	3	1	4	2
Other (Scabies, Conjunctivitis)	---	---	---	---	2	---
TOTAL	**6**	**4**	**8**	**7**	**9**	**7**

In the past year, PNHR's Infection Prevention and Control Program created an infection surveillance program specific for long-term care. The program was instituted in all PNHR LTC facilities from May 2009 through September 2009. The surveillance program requires all LTC sites to collect the same data, in the same way, using standard definitions and forms. The information is then provided to the Infection Prevention and Control Coordinators (IPCC) who compile and analyse the date, and use the information to identify and track infection issues and occurrences, and improve infection prevention and control practices on an ongoing basis.

With significant renovation and construction planned for or underway in PNHR facilities, Infection Prevention and Control has become increasingly involved at the preliminary stages of the projects. Early planning must integrate infection prevention and control to try and prevent hospital-associated infections, and to minimize allergen load and other workplace hazards for both patients and health care providers. Planning and implementation of design changes to existing health facilities should incorporate infection prevention and control principles to reduce the risk of airborne contaminants that can cause illness. A template has been developed to address infection control issues created by construction activity in health care environments. Project personnel and PNHR's Infection Prevention and Control team are working together to minimize the risk of infections during construction activity.

Statistics for antibiotic resistant organisms and other hospital acquired infections were collected continuously throughout the year. The Region monitors and reports on nosocomial infections of which 21 occurred in PNHR facilities in the past year. A nosocomial infection is an infection acquired in hospital by a patient who is admitted for a reason other than that infection. The infection becomes evident 48 hours or more after the patient is admitted or appears after the patient is discharged from hospital.

Surveillance and management of antibiotic resistant organisms (MRSA and VRE) and other organisms of concern such as Clostridium *difficile* (CDAD) within health care facilities continues. In PNHR hospitals in 2009, 110 cases of methicillin resistant staphylococcus aureus (MRSA) were recorded, as were 4 cases of vancomycin resistant enterococci (VRE), and 27 cases of CDAD. PNHR actively contributes to the provincial initiatives aimed at accurately identifying and reporting these infections and developing effective interventions to decrease their incidence in our facilities. Patients with risk factors for antibiotic resistant organisms are screened upon admission to PNHR hospitals.

Prairie North Health Region continues to make progress toward achieving full compliance with Accreditation Canada and Canadian Standards Association (CSA) requirements surrounding hand hygiene and equipment sterilization. A Hand Hygiene Steering Committee has been formed and an informational package for use throughout the Region's facilities and sites has been developed. Hand hygiene is now an integral part of infection prevention and control education sessions. Alcohol-based hand gel is readily available to all staff and visitors throughout PNHR facilities. Development of a comprehensive Hand Hygiene Program and Audit is scheduled for 2010.

Progress continues to be made in PNHR to meet new CSA standards around sterilization of equipment. Sterilization services are now focused in Prairie North's three largest sites: Battlefords Union, Lloydminster, and Meadow Lake Hospitals. In June 2009, the Region moved to disposable sterilized equipment only in all of its rural facilities.

Renovations have been made to the BUH Central Sterilization Room (CSR) to correct deficiencies in the decontamination and reprocessing areas of the department. Some improvements have also been made in CSR at Lloydminster Hospital and Meadow Lake Hospital, with more upgrading expected in the year ahead. Polices and procedures are being reviewed and revised to consider best practice. Policy and procedure is also in place for sterilization of equipment from clinics in the community. A review of the standards was carried out with the clinics involved. Sterilization for the Region's podiatry program is now done at Battlefords Union Hospital. Minimal sterilization is required for Prairie North community health and long-term care facilities; however, plans are underway to convert to disposable sterilized equipment wherever possible.

All staff working in the Region's CSRs are certified processors and continuing education remains a priority.

Conclusion came in late 2009 regarding an infection prevention and control issue that arose a year earlier. At the end of October 2008 following reports of reuse of syringes in another jurisdiction, concern arose in PNHR that syringes were being reused in at least one operating room in Prairie North. The use of outdated practices in two facilities were immediately identified and halted. All other Saskatchewan health regions were asked to review their practices around reuse of single-use medical items. Four discovered and halted similar practices. An investigation into past practices and the risk of transmission of blood borne pathogens to patients was led by the Saskatchewan Ministry of Health.

Findings of the review were released in October 2009. The province-wide assessment concluded that the risk of being infected by a blood-borne virus by the medical re-use of syringes in the circumstances analysed is statistically negligible and that follow-up testing of patients is not required. The review concluded that the risk of blood-borne virus infection is one in one million for residents of four of the five communities/regions, and three in one million for the fifth.

Syringes were frequently re-used in health care facilities until late 1997, when newly published Health Canada guidelines advised against the practice. No cases of blood-borne virus transmission due to syringe re-use in a Saskatchewan health care facility have been reported.

Pillar: Providers

A Caring and High Performance Environment

Health care and service providers work hard each day to provide the very best care and service they can for their patients, residents, and clients. Providers are dedicated, caring individuals working in a system that may impede their ability and desire to work as efficiently and effectively as possible to achieve the best possible results.

Prairie North Health Region is committed to promoting, supporting, working with and empowering our health service providers to put the patient first and to have personal commitment and ownership in creating and working in a caring and high performance environment. To achieve this, PNHR has become a strong proponent of new ways of doing business, through introduction and implementation of Lean and Releasing Time to Care™.

More importantly, health care and service providers across Prairie North are taking hold of and leading Lean and RTC projects. PNHR is excited with the progress staff have achieved thus far as they have taken ownership of the initiatives and are celebrating their success toward improving the patient experience and their work environment.

ADDING VALUE FOR OUR CUSTOMERS – IMPLEMENTING LEAN

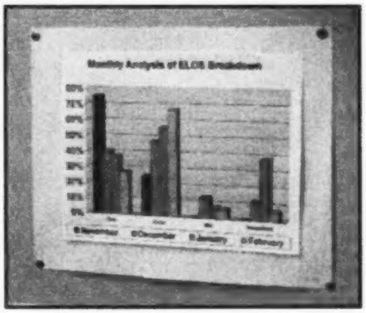
KEY ACTION: *To achieve more effective and productive use of health system resources by building the capacity for a system-wide adoption of a culture of "Lean", a patient-centred approach that focuses on creating more value for customers by eliminating activities that are considered waste.*

PNHR PERFORMANCE RESULTS:

Prairie North Health Region introduced Lean to its Senior Leadership Team and Directors through education sessions in October 2009. Participants learned that Lean is a patient-focused approach to evaluating the delivery of patient care and service from one end of the service to the other (the value stream). Lean is about re-thinking how work is done and finding ways to improve the flow, eliminate waste and add value for the patient. A set of recognized processes and tools is used to guide the journey for Lean improvement.

Two Lean teams quickly came forward and began work on their projects by the end of October. One focused on the Discharge Planning process for patients on the Third Floor Medical Ward of Battlefords Union Hospital. The second project focused on the Inpatient/Ambulatory Care registration record at Lloydminster Hospital.

- **BUH Discharge Planning –** The aim is to reduce the time patients wait in transition from acute care medical illness to discharge, to make the transition from hospital to home easier, and to reduce re-admissions. The team has implemented a number of initiatives to improve the discharge planning process. They include establishment of an expected length of stay (ELOS) for each patient admitted to the Third Floor Medical Ward, introduction of a new system of multi disciplinary rounds to reduce the wait times for consultations from other departments, and development and use of a 'Preparing to Leave the Hospital' pamphlet to empower patients to be involved and take initiative in discharge planning.



The results have been positive:

- ✓ Improved use of patient beds as more patients are discharged within ELOS times
- ✓ Reduced inpatient waits for services and consultations
- ✓ Patients engaged in discharge planning and better prepared for their return home
- ✓ Positive feedback from patients and culture change among staff
- ✓ Improved communication between the patient's health care providers

- **Lloydminster Hospital Inpatient/Ambulatory Care Registration Record –** The goal is to improve efficiency and timeliness in maintenance of the patient record to reduce patient wait times, and to establish a standard form and process for the Region. Processes in the hospital's Admitting, ER, and Health Records departments were reviewed and opportunities identified for improvement.

Initiatives to date have included:

- ✓ Installation of a wait time board and privacy screens in the Emergency Room area
- ✓ Implementation of a standard schedule for picking up patient charts
- ✓ Beginning redevelopment of the three-part patient form
- ✓ Efforts to improve efficiencies and alleviate the backlog in Health Records
- ✓ Exploring the potential of eliminating the blue patient cards.

In January 2010, two more Lean projects began:

- **Laundry and Linen Services – Battlefords Union Hospital and Lloydminster Hospital** – The aim is to review, reduce waste and streamline the cleaning and distributing of laundry and linens in PNHR facilities that send their laundry to North Sask Laundry (NSL) in Prince Albert for cleaning and return, and for those that do their laundry in-house. BUH uses NSL services; Lloydminster Hospital does its laundry on site. A major Sorting, Straightening, Shining, Standardizing, and Sustaining (5S) exercise was conducted at the BUH linen room. The team at Lloydminster Hospital is working with acute care and other departments to ensure adequate laundry is available to patients and staff at the right times, while ensuring regional infection control guidelines are met.

The results have been positive:

- ✓ Better understanding of how laundry is used, stored and how much is really needed
- ✓ Improved infection control for clean linens and reduced risk for patients of health care related infections through linens
- ✓ Improved work processes and reduced Occupational Health and Safety risk for staff
- ✓ Better space utilization and improved access to linens

- **Staff Scheduling, Battlefords Union Hospital –** Goals are to have an electronic-based scheduling system used by all scheduling staff, to remove manual processes and identify gaps in scheduling, and to address some of the unnecessary overtime costs incurred by staff. To improve staff scheduling results in optimal staff resources to deliver patient care. Reducing overtime improves the health and wellness of the workforce, optimizing the delivery of patient care.

Initiatives to date have included:

- ✓ Increasing utilization of the electronic Employee Scheduling Program and reducing manual scheduling practices
- ✓ Creating standards for schedulers and reducing scheduling errors
- ✓ Reducing the number of missed meal breaks for staff and promoting staff health and wellness
- ✓ Reviewing baseline staffing to identify gaps in scheduling rotations

Another two began in February 2010:

- **Materials Management/Maintenance Ordering of Non-Stock Items –** Goals of the project are to reduce duplication of work, establishing and following Regional policy, and meeting finance and audit requirements. The result is increased accountability and release of maintenance staff time to conduct repairs and improve patient and staff safety.

  Initiatives to date have included:
  - ✓ Review of maintenance items required to be on hand, where stored, and how replenished
  - ✓ Implementing pilot remote requisitioning project for maintenance staff
  - ✓ Reviewing processes and policies to ensure compliance

- **Management of PNHR's Central Vehicle Agency (CVA) Fleet –** The team aims to develop a Regional program for management of PNHR's leased vehicle fleet. The program will serve to improve consistency of access, management and use; to enhance safety through consistent maintenance; and to improve efficiency and right sizing of the fleet. Improving processes and reducing expenditures frees resources to be redirected to patient services.

  Initiatives to date have included:
  - ✓ Drafting of a Regional CVA policy
  - ✓ Developing cost indicators to measure efficiency
  - ✓ Developing a process for centralization of access and management

Prairie North Health Region is excited by the number and scope of Lean projects underway. The Region has two Lean coaches available to assist and guide the teams. A Lean steering committee is being established to further facilitate the Lean activities and promote their successes throughout the organization. PNHR is optimistic that as these successes are shared and communicated, interest in 'Leaning' other processes and services throughout the organization will continue to grow, and the number and breadth of Lean initiatives will expand. The overall success of implementing Lean throughout the Region depends on the support, involvement, and impetus for Lean at the frontline staff level.

RELEASING TIME TO CARE

KEY ACTION: *To achieve more effective and productive use of health system resources by achieving within three years and with the support of the Health Quality Council, the adoption and implementation of Releasing Time to Care (RTC) in every ward in every regional and tertiary hospital.*

Measure: *Number of acute medical/surgical beds in regional and tertiary hospitals that have been licensed for and are implementing the Releasing Time to Care: the Productive Ward™ (RTC).*

Target: *Board approved target.*

PNHR PERFORMANCE RESULTS:

Releasing Time to Care™ (RTC) is a patient-centred approach to improving the quality of care. The program's aim is to increase the amount of time health care providers spend on direct patient care. Three sites in Prairie North Health Region began implementation of RTC in the fall of 2009.

In total, 76 beds in PNHR have been licensed for and are implementing RTC:

◆ Lloydminster Hospital – Surgical Unit	- 24 beds
◆ Meadow Lake Hospital – Medical, Surgical, and Obstretrics	- 32 beds
◆ Saskatchewan Hospital North Battleford – Admissions Unit	- 20 beds

Each of the units has undertaken a number of RTC initiatives and is reporting positive results in relationship to the four core objectives of RTC:

- Improving patient safety and reliability of care
- Improving staff well-being
- Improving patient experience
- Improving efficiency of care

Each individual project is staff led and driven.

- **Lloydminster Hospital Surgical Unit**
  - ✓ Has standardized medication times with savings of approximately 240 hours of staff time per year.
  - ✓ Has seen increased reporting of medication errors due to raised awareness that medication errors can be the result of system failures and that systems can be improved.
  - ✓ Has improved ward organization and saved 311 steps and 2:20 minutes in preparations to admit a patient to the unit. Estimated savings of 438,104 steps or 394 kilometers (245 miles) and 54 staff hours per year.
  - ✓ Made it easier to find supplies and equipment by locating them consistently and appropriately in places that make sense.

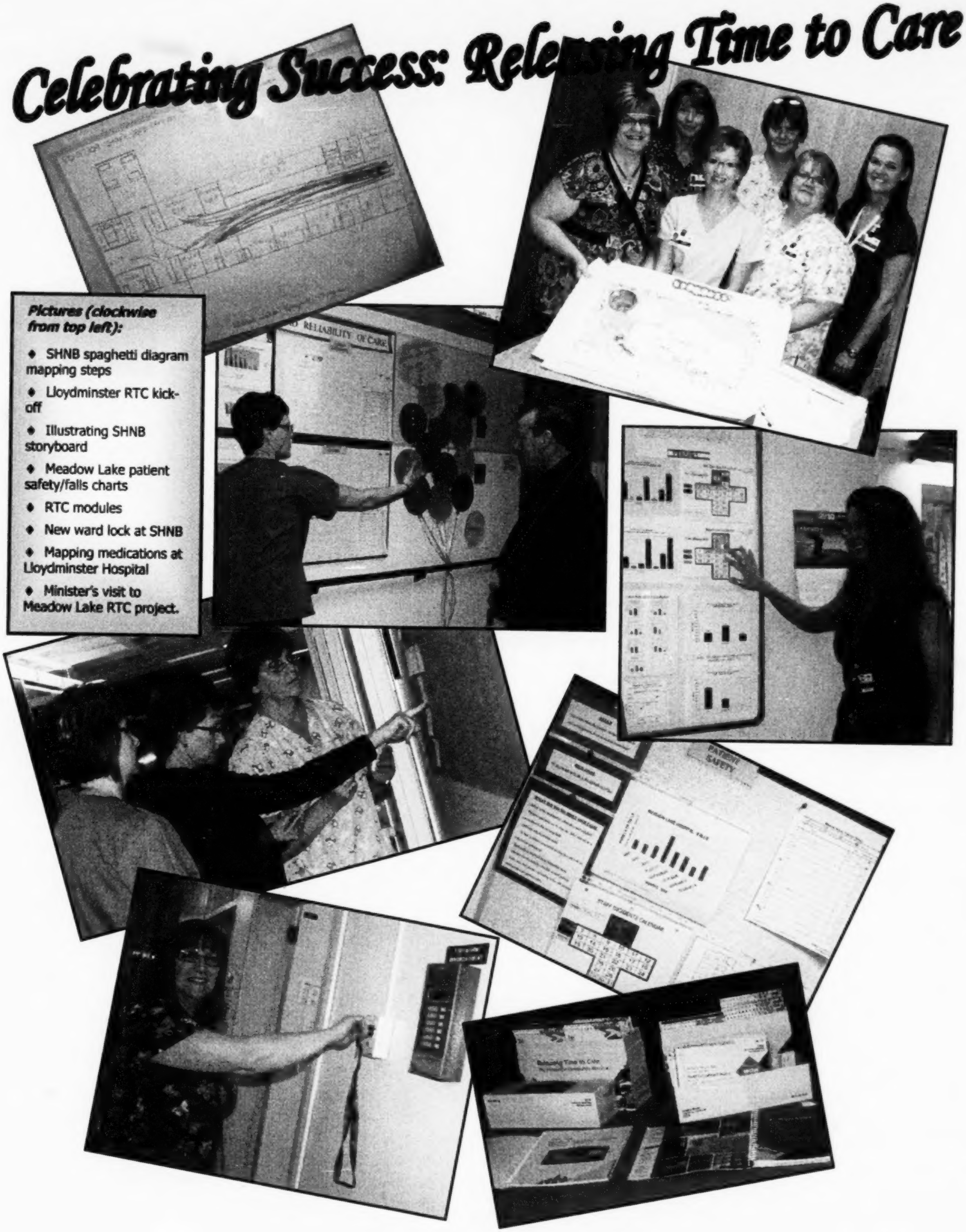
- **Meadow Lake Hospital**
  - ✓ Has used the Well Organized Ward (WOW) RTC module to better organize supplies and equipment in many of the hospital's service area storage and supply rooms. Staff find it easier and quicker to locate needed items, freeing time for patient care.
  - ✓ Has implemented a safety cross to track patient falls. Staff are now more aware of falls and near misses, and have become more proactive in prevention strategies. Patients and families are also more aware of fall prevention strategies and help to implement them. Fall rates are decreasing and near misses are tracked more diligently.
  - ✓ Has introduced a storyboard that shares information about the hospital's RTC initiatives with staff, physicians, patients and members of the public who visit the facility, resulting in increased interest in and awareness of RTC.

- **Saskatchewan Hospital Admission Unit**
  - ✓ Has installed a key box to open the ward door from halfway down the hall, saving 936 staff steps or 15 minutes from every one-hour shift.
  - ✓ Has conducted a patient survey on the unit around how easy it was to leave the ward. Patient satisfaction improved from 30% to 80%, with introduction of the key box. The unit surpassed its goal of 75% patient satisfaction.
  - ✓ Has developed a staff mood chart to assess staff well-being over time. The result has been an improvement in staff mood and a downward trend in unplanned absences from work. The unit has also been successful in recruiting a second ward champion to continue to lead the RTC process.
  - ✓ Through more time with patients and sharing of information, patients are more aware of how their aggression and self-injurious behaviours affect their safety.

Four more units in Prairie North Health Region will be joining the RTC initiative in 2010. They are the Battlefords Mental Health Centre Inpatient Unit (22 beds), the SHNB Forensic Unit (24 beds), the BUH Surgical Unit (12 beds), and the SHNB Rehabilitation Unit III (23 beds).

In 2011, RTC will be implemented on the BUH Women's Health and Birthing Unit, the Lloydminster Hospital Obstetrical Unit, the SHNB Transitional Unit, the BUH Third West Medical Unit, and the SHNB Rehabilitation Unit II. In 2012, the SHNB Rehabilitation Unit I, Donaldson House and Muskwa Cottage will join the RTC program. The schedule was presented to the PNRHA Board in February 2010.

Celebrating Success: Releasing Time to Care



Pictures (clockwise from top left):

- SHNB spaghetti diagram mapping steps
- Lloydminster RTC kick-off
- Illustrating SHNB storyboard
- Meadow Lake patient safety/falls charts
- RTC modules
- New ward lock at SHNB
- Mapping medications at Lloydminster Hospital
- Minister's visit to Meadow Lake RTC project.

A Diverse, Sufficient and Healthy Workforce

Health care is about people: the patient/resident/client/customer at the center, and health care providers supporting the patient and delivering the service the patient needs. Health care providers are the largest segment of the health system. In Prairie North, they represent nearly 80% of the Region's total annual expenditures.

To be effective in serving our customers now and into the future, achieving and maintaining a highly skilled, professional and diverse workforce with a sufficient number and mix of service providers is essential. Over the past year, Prairie North Health Region has focused on recruiting and retaining employees, particularly nurses and professionals in hard-to-recruit (HTR) positions. The Region has achieved successes on both fronts, especially in partnership with the Saskatchewan Union of Nurses under the SUN/Government Partnership Agreement. Recruitment of and retention of physicians remains an ongoing challenge and a top priority.

Without sufficient employees, pressures on the workforce grow. Overtime hours can escalate, associated with understaffed areas or with professions/positions that are hard to recruit to and/or difficult to retain. Overtime hours tend to increase during periods of peak utilization and sick time: as sick time goes up and the available pool of employees diminishes, managers are pressed to bring in staff and/or keep staff in overtime situations. Continual overtime hours tax employees' ability to fulfill their commitments as workers, and to maintain high standards of care and service. Absenteeism and higher levels of Workers' Compensation Board claims may result. The entire cycle can continue to spiral. Staffing to appropriate levels and utilizing staff mixes efficiently can help reduce overtime and sick time levels, along with workplace injuries.

Additionally, Saskatchewan is working hard in partnership with First Nations and Aboriginal peoples to engage them more fully in the health system workforce. Much value is to be gained by all patients/clients/customers in strengthening the health workforce culturally and in representative numbers. A workforce representative of the people it serves can enhance relationships, understanding, and ultimately improve patient care.

BUILDING A REPRESENTATIVE WORKFORCE

KEY ACTION: *To establish partnerships with First Nations and Metis communities and organizations to effectively attract, recruit, retain and promote First Nations and Metis employment and participation in the region.*

Measure: *To develop a Board-approved strategy and targets for increasing First Nations and Metis representation in the region's workforce.*

Target: *Board approved strategy and targets by October 1, 2009.*

PNHR PERFORMANCE RESULTS:

Prairie North Health Region has developed and begun implementation of a new three-year Representative Workforce Strategy that was approved by the Board in September 2009. The Strategy aims to increase the First Nations and Metis Workforce in PNHR toward the 29% Aboriginal demographic of the Region's population. As noted earlier in this report, nearly a third of PNHR residents identify themselves as being of Aboriginal descent.

Approximately 4.5% of Prairie North's workforce has identified itself as Aboriginal. The Region is working to raise that number to 5% in 2010, 6% in 2011, and 8% in 2012. Only small increases are anticipated in the first three years as the initiatives contained in the Strategy begin to take hold. First steps include re-energizing the Region's Representative Workforce Steering Committee and building external relationships with Aboriginal and other training institutes as well as Aboriginal organizations.

PNHR representatives attend Treaty Days events within the Region to foster relationships with First Nation communities. Liaison is also in place with Aboriginal contacts in Medicine and Nursing programs at the University of Saskatchewan. Linkages have been made with representative workforce facilitators in communities in Prairie North to raise awareness, participation and support for what each is doing.

PNHR is developing a framework for job shadowing and additional work experience opportunities for Aboriginal students and other potential employees. A brochure is to be created focusing on the process and purpose of Aboriginal self-identification.

To support its Aboriginal workforce, PNHR is implementing an Aboriginal Employee Network System where workers can connect, share experiences, and build relationships. Prairie North is also developing a managers' toolkit containing information on the Representative Workforce program, cultural information, a list of resources, mentors, and supports for Aboriginal employees, and information on Career Pathing processes and opportunities.

The Region is continuing its Aboriginal Awareness Training (AAT) with a target of 100% of staff trained by 2012. A second level of AAT is expected to begin in 2011 targeting specific areas of the organization with focus on cultural traditions relating to birth, palliative care and other key cultural expectations.

REDUCING ABSENTEEISM

KEY ACTION: *To reduce absenteeism through improvements to workplace safety, and improvements in time management and staff scheduling processes.*

a) Overtime and Other Premium Hours

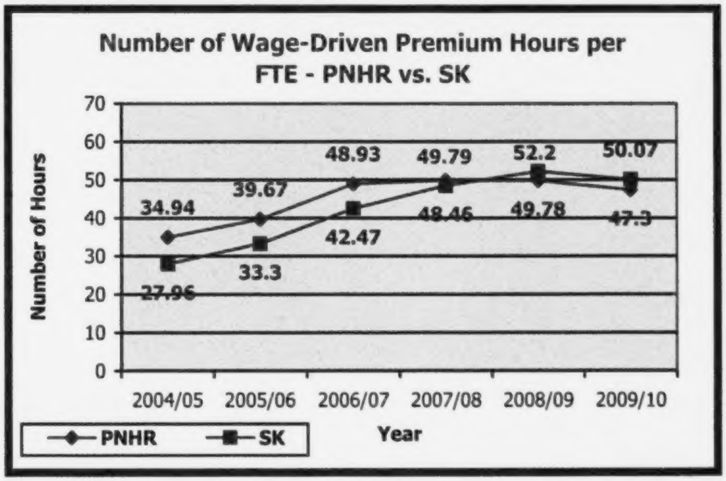
Measure: *Number of wage-driven premium hours (overtime and other premiums) per FTE by affiliation.*
Target: *5% reduction in overtime hours from 2008-09 by March 31, 2010.*

PNHR PERFORMANCE RESULTS:
Prairie North Health Region achieved its target of reducing overtime and other premium hours by 5% by the end of the fiscal year.

As the graph to the right shows, PNHR's wage-driven premium hours per full-time equivalent employee fell from 49.78 in 2008-09, to 47.3 in 2009-10. That is a decline of 2.48 hours per FTE, or 5% below the level of the year before.

The graph also shows that for the second consecutive year, PNHR's overtime and other premium hours are below the provincial level of 50.07 hours per FTE. The provincial level declined by 2.13 hours per FTE, or 4%.

PNHR's achievement of the 5% reduction target is due primarily to the Region's success in filling a large number of hard-to-recruit positions.



Source: Ministry of Health data

In 2009-10, PNHR hired 91 individuals into hard-to-recruit areas. Staff turnover reduced the net gain in hard-to-recruit positions to 28. Nevertheless, PNHR was able to fill most of its hard-to-recruit laboratory and medical imaging positions; dietitian and speech language pathology jobs; psychology, addictions and social work positions; along with mental health therapy and public health inspection spots. Recruitment of physiotherapists, occupational therapists, a Doctor of Psychology, nurse practitioners, and registered nurses/registered psychiatric nurses for specific facilities only remains a challenge.

Success recruiting nurses under the SUN/Government Partnership Agreement was the other major factor in reducing overtime hours. Further information on the Partnership is available in upcoming pages of this report.

By affiliation, overtime hours declined for each of PNHR's employee unions in 2009-10, compared with 2008-09. CUPE's rate was down fractionally for Prairie North and remains below the provincial level for provider unions in Saskatchewan RHAs, at 49.72 overtime hours per FTE. The provider unions include CUPE, the Service Employees International Union (SEIU) and Saskatchewan Government and General Employees' Union (SGEU). The provincial overtime rate for CUPE alone is 62.05 overtime and other premium hours per FTE. That is 57% higher than the number of wage driven premium hours for CUPE in PNHR alone.

Overtime hours per Health Sciences Association FTE in Prairie North declined by 2.04 hours or nearly 7% in the past year, but remain above the provincial HSAS level by 10%. The provincial HSAS wage-driven premium hours per FTE declined less than half a percentage point in the past year.

Wage-driven premium hours for SUN members in Prairie North declined by just over 13% or 14.61 hours per FTE in 2009-10. The Region's rate of 94.64 hours of overtime per SUN FTE is among the highest in the province and is nearly 20% higher than the provincial level of 79.25 hours per SUN FTE. The overall SUN provincial rate declined by 8.23 hours per FTE or 9.4%.

Number of Wage-Driven Premium Hours (Overtime and Other Premium Hours) Per FTE by Affiliation

	CUPE		HSAS		OOS		SUN	
	PNHR	**SK**	**PNHR**	**SK**	**PNHR**	**SK**	**PNHR**	**SK**
2004/05	24.77	24.52	21.47	20.88	2.61	2.43	81.03	63.99
2005/06	28.19	32.83	22.35	24.75	4.67	3.17	94.51	72.44
2006/07	39.22	36.85	23.91	25.44	5.44	3.46	105.31	81.54
2007/08	40.72	45.68	25.38	23.72	4.18	3.41	106.55	84.78
2008/09	39.56	50.62	30.45	26.14	2.94	3.50	109.25	87.48
2009/10	**39.50**	**49.72**	**28.41**	**25.69**	**2.97**	**2.99**	**94.64**	**79.25**

Source: Ministry of Health data

The only rise – however slight – in premium hours per FTE in Prairie North came among out-of-scope employees, at .03 hours equalling 1%. The Region's total rate for OOS employees remains below the provincial level of 2.99 premium hours per OOS FTE. The provincial rate declined slightly in 2009-10 and remains the lowest among all RHA employee groups.

b) Time Lost Due to Injury

Measure: *Number of lost-time WCB claims per 100 FTEs – Frequency and number of lost-time WCB claim days per 100 FTEs – Severity.*

Target: *5% reduction in the number of WCB time lost claims/days lost compared to 2008-09 by March 31, 2010.*

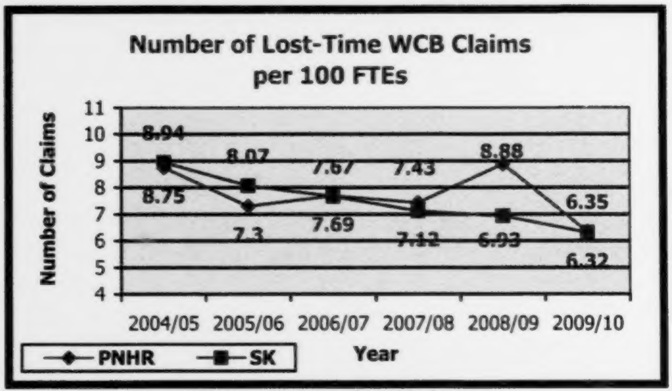
PNHR PERFORMANCE RESULTS:

Prairie North Health Region achieved its goal of reducing the number of Workers' Compensation Board time lost claims per 100 FTEs but did not meet the target of reducing the number of lost time days. In simpler terms, the number of staff injuries declined in the past year, but the severity of those injuries rose compared to the year before.

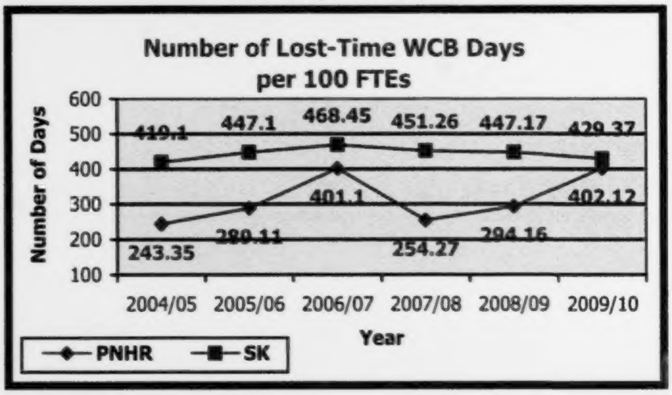
As the graph on the following page illustrates, PNHR sharply reduced its number of lost-time WCB claims per 100 FTEs in 2009-10, to 6.35. That's a 28% reduction from the previous year and is the lowest in the past six years. The PNHR number is virtually on par with that of the province as a whole at 6.32 lost-time WCB claims per 100 FTEs. The provincial rate declined in the past year by nearly 9%.

The number of days lost due to injury per 100 full-time employees jumped by nearly 37% among Prairie North workers in 2009-10, from the previous year's level of 294.16. PNHR lost 402.12 days per 100 FTEs in the past year, an increase of 107.96 days.

Compared to the other 11 Saskatchewan RHAs, Prairie North's lost-time WCB days per 100 FTEs, is now fifth highest, but remains slightly below the provincial rate of 429.37 days. The rate for the Saskatchewan health system as a whole declined by 4% in the past year.



Source: Ministry of Health data



PNHR's substantial increase in lost time days is primarily due to a rise in the number and severity of employee on-the-job falls in the past year. Another factor is employees' increased exposure to harmful substances and environments, principally H1N1. If an employee contracted H1N1 while at work, it is considered a workplace injury and a time loss claim; therefore, the days away due to the illness are WCB time loss days.

In the year ahead as part of its Occupational Health and Safety (OH&S) action plan, Prairie North will be focusing on information and education of staff in how to prevent slips, trips, and falls. The Region has begun a Job Safety Analysis (JSA) process in which each job in PNHR will be assessed to determine the hazards and risks associated with doing the job. The JSA then specifies controls that need to be in place to ensure the risks are eliminated or managed. The JSA process is starting with the positions where the highest rates of injury occur.

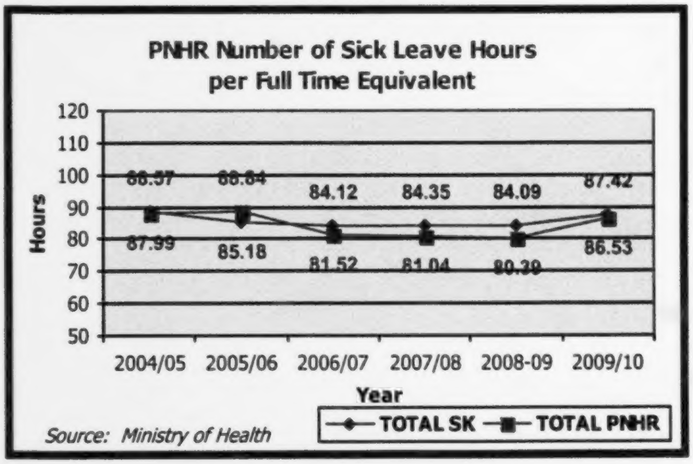
Additionally, PNHR is participating in the WCB OH&S auditing process. Three audits are to be conducted early in 2010-11, followed by three more in the fall. Action plans to address audit requirements follow each site audit and will be implemented. PNHR is also working to create a modified duties list so that employees can come back to work in a more timely fashion; is working to make its root cause analysis process easier to do; and is further training managers in proper investigation process for near miss and workplace incidents. The Region remains focused on improving the safety of those we care for and those who provide that care.

c) Sick Leave Hours

Measure: *Number of sick leave hours per full-time equivalent FTE by affiliation.*

Target: *5% reduction in employee sick time hours compared to 2008-09 by March 31, 2010.*

PNHR PERFORMANCE RESULT:
Prairie North Health Region did not achieve its targeted 5% reduction in employee sick time hours for 2009-10, primarily because of staff illness/absence due to the H1N1 Influenza Pandemic.



Source: Ministry of Health

The Region's sick leave hours for the year increased by 7.6% per full-time equivalent position. Only two Saskatchewan health regions achieved an overall decrease in sick leave hours per paid FTE when comparing 2008-09 to 2009-10. Correspondingly, the rate for the province as a whole rose by 4%. PNHR's sick leave hours per FTE remain slightly below that of the province as a whole, as they have been for all but one of the past six years.

By affiliation, all groups of PNHR employees experienced an increase in their number of sick leave hours per FTE: CUPE by 6.60 hours, HSAS by 6.86 hours, OOS by 5.46 hours, and SUN by 4.19 hours.

The overall CUPE rate in PNHR remains below that of provider unions across the province and below the 94.21 sick leave hours per paid FTE for CUPE alone provincially. The PNHR HSAS employee sick leave hours are higher than that of their provincial counterparts, as are the numbers for OOS employees of Prairie North. The number of SUN sick leave hours per FTE in Prairie North remains below that of SUN employees province-wide, as it has been for the past four years.

Number of Sick Leave Hours Per FTE by Affiliation

	CUPE		**HSAS**		**OOS**		**SUN**	
	PNHR	**SK**	**PNHR**	**SK**	**PNHR**	**SK**	**PNHR**	**SK**
2004- 05	90.01	95.26	75.21	63.34	49.46	48.12	98.43	93.07
2005-06	92.79	90.60	77.21	64.00	44.69	48.09	96.09	91.94
2006-07	85.17	89.78	68.70	65.62	53.63	47.34	83.51	89.34
2007-08	86.67	89.48	64.04	68.08	43.06	50.23	81.30	89.48
2008-09	83.14	90.28	72.77	68.53	45.97	46.80	86.50	87.85
2009-10	**89.74**	**93.20**	**79.61**	**75.25**	**51.43**	**48.38**	**90.69**	**91.90**

Source: Ministry of Health data

Moving forward, Prairie North Health Region has developed and is beginning implementation of a multi-year Premium Pay Reduction Strategy, inclusive of overtime, sick time and WCB costs, to achieve the targets set for the RHA for the years ahead. Among the initiatives contained in the plan are:

- Full implementation of the Customer Engagement and Service Expectations Framework
- Strengthening of the Region's Attendance Support Program
- Improving the employee sick calls process and developing protocols for sick time replacement
- Enhancing initiatives to change the workplace culture
- Focusing on areas of highest overtime usage and developing strategies to get to the root cause
- Developing staff replacement guidelines
- Assessing staffing mix based on workload
- Using advance planning to minimize the periods of time that positions are vacant
- Assessing and developing an education plan for management
- Emphasizing and educating around workplace safety
- Utilizing workplace safety audits to plan for improvement
- Establishing a standard return to work process based on best practice

PNHR is beginning rollout and implementation of the Premium Pay Reduction Strategy early in June 2010. Prairie North is partnering with other health regions to ensure consistency, appropriateness, and effectiveness of the plan. Reducing overtime, sick time and time lost due to injury is a priority of the entire Saskatchewan health system.

RECRUITING AND RETAINING NURSES – SUN/GOVERNMENT PARTNERSHIP AGREEMENT

KEY ACTION: *To work with the Ministry and the Saskatchewan Union of Nurses (SUN) to fill vacant SUN nursing positions and increase their total SUN FTEs. To establish a Joint SUN/Health Region Retention and Recruitment Committee to provide a formal process to involve nurse managers and front line staff to jointly problem solve, develop and agree on recruitment and retention initiatives to be delivered by the parties.*

Measure: *Achievement of SUN Partnership target.*

Target: *75% of SUN FTE (straight time) recruitment targets achieved by March 31, 2010, to provide total SUN straight time FTEs - 421.98 FTEs for PNHR.*

PNHR PERFORMANCE RESULTS:

Prairie North Health Region, in partnership with the Saskatchewan Union of Nurses, made substantial progress in the past year toward achieving its target of having 421.98 full-time equivalent registered nursing positions as part of its workforce by the end of March 2010.

PNHR achieved a registered nursing workforce of 412.36 FTEs as of March 31, 2010. This equates to the Region falling just short (9.62 FTEs) of the target over the first two years of the three year Partnership. PNHR was to expand its SUN workforce by 52.50 positions by the end of the 2009-10 operating year. The Region added 35.87 positions in the past year in addition to the 7.01 created under the SUN/Government Partnership Agreement in 2008-09, for a total of 42.88 FTEs added since the Partnership began.

In total, by the end of the 2010-11 fiscal year, Prairie North is to have expanded its registered nursing workforce by 70 FTEs, to 439.48 from the 369.48 when the Partnership program began. This means another 27.12 FTEs are to be in place by the end of March 2011.

Overall, PNHR has achieved 61% of the targeted 70 positions thus far, with 39% to come in 2010-11. The Ministry of Health reports that all RHAs are showing progress in meeting their SUN targets, with five of the 12 already having achieved theirs.

The majority of PNHR's new nursing positions have been added in frontline patient care areas including acute care, long-term care, public health nursing, mental health, home care, palliative care, chronic disease management, infection control, and falls injury prevention. The other positions added support frontline nursing and include clinical education, employee health, and nurse coordinators. PNHR is also recruiting to introduce nurse practitioners into continuing care, emergency rooms and the Region's lone intensive care unit.

The positions are spread across Prairie North, throughout our facilities, programs, and communities. The emphasis was on adding resources where overtime was significant, and where care and service demands were high. Patient safety and quality improvement/best practice were key considerations.

The positions added in PNHR under the Partnership were made with the support of the Joint SUN/PNHR Retention and Recruitment Committee. The Committee was established in March 2009 and met quarterly throughout the year. Committee membership includes equal representation from SUN and the Region and is co-chaired by a representative of each.

Committee members' role is to work together to identify opportunities, determine priorities, develop options, seek funding and jointly implement initiatives that address RN/RPN retention and recruitment issues.

Joint SUN/PNHR Retention and Recruitment Committee

Back Row (from left): Gwen Curtis, Lorna Tarasoff, Glennys Uzelman, Becky Lockhart, Joan Zimmer, Barbara Jiricka, and Linda Shynkaruk.
Front Row (from left): Sean McElligott, Melodie Roy, Kathy Bloch-Hansen, and Debbie Iwanchuk.

In the past year, the Joint Recruitment and Retention Committee surveyed PNHR nurses to solicit their input on how to retain and to attract nursing staff to PNHR. Results of the survey are to be shared with PNHR nurses. The Committee has also established a process to receive applications from nurses on initiatives to enhance recruitment and retention within Prairie North. A series of short videos is being made for posting on the Health Region's websites to communicate directly with nurses about the Partnership and the work of the Committee.

Committee members agree that to date, the Partnership has been successful in building collaborative relationships between SUN and Prairie North Health Region. Committee members believe the Partnership will continue to provide an effective vehicle to help stabilize the nursing workforce.

RECRUITING AND RETAINING DOCTORS

Prairie North Health Region and Saskatchewan's health system require an adequate supply of physicians to provide the best possible care to patients/residents/clients. To this end, the Ministry of Health has established a comprehensive physician recruitment strategy that will enhance efforts to recruit and retain doctors and help build sustainable medical practices throughout the province. The Strategy was developed in consultation with a broad range of physician groups and health system stakeholders.

PNHR is proud to be part of the Strategy. The Region's CEO David Fan has been appointed Vice Chairperson of the new Physician Recruitment Agency, one of the initiatives of the Physician Recruitment Strategy. The agency is tasked with facilitating and supporting the recruitment and retention of more physicians to rural and urban Saskatchewan.

Prairie North has seen a small net loss of physicians from the Region in the past year and some destabilizing of the complement remaining, notably in Meadow Lake and, to a lesser extent, in Lloydminster. Four physicians have left Meadow Lake in the past year and three others have reduced their practice. Recruitment by PNHR has resulted in two new doctors for Meadow Lake in place in early 2010. As many as eight locum physicians have also been providing service over the past several months. Recruitment continues with the goal of restoring the physician complement in Meadow Lake to 10.

Lloydminster has seen the departure of five physicians in 2009-10, with only three new recruits to replace them thus far.

North Battleford's physician numbers have been more stable. The Turtleford/St. Walburg/Edam physician group functioned with three physicians and a nurse practitioner most of the year. The fourth physician spot has been vacant, awaiting the arrival of a recruited doctor. The Maidstone/Cut Knife/Neilburg practice has also been shy one physician for the past year and recruitment continues. Locum coverage has been available to maintain physician services for Maidstone for much of the year, with the exception of December and January when physician services were disrupted.

In addition to ongoing recruitment efforts to address physician turnover and shortages, Prairie North Health Region has implemented a number of transformational approaches and is exploring others. The Meadow Lake and Maidstone/Cut Knife/Neilburg physician practices have become part of PNHR's Primary Health Care network. The move is expected to make recruitment to the Primary Health Care sites more attractive and to make retention of their physicians more effective. This, along with introduction of nurse practitioner services at the Primary Health Care sites, will improve patient access to care.

PNHR is partnering with the Saskatchewan College of Medicine to explore training opportunities for medical students and medical residents in our rural sites to improve the potential for future recruitment. PNHR is also aligning with the provincial emphasis to focus on recruitment of Saskatchewan and Canadian graduates, particularly in family medicine, rather than recruiting internationally.

Pillar: Sustainability

Capital Infrastructure

Prairie North Health Region is home to several aging, inadequate facilities that are costly to maintain and do not allow efficient, cost-effective use of staff and other resources. These include the nearly 100-year-old Saskatchewan Hospital provincial psychiatric rehabilitation and forensic facility in North Battleford; Northland Pioneers Lodge long-term care home in Meadow Lake; the 69-year-old Battlefords District Care Centre in Battleford; and regional hospitals in North Battleford and Lloydminster. Replacement or significant upgrading of each is required.

In 2007, the Ministry of Health mandated VFA Canada Corp. to assess and report on the condition of facilities in all Saskatchewan health regions, and to produce a document and software that supports facility rejuvenation at the provincial and regional level. Each building was assigned a facility condition index providing a measure of the state of each facility relative to a given set of provincial criteria. The measure is instrumental in determining project priorities at the provincial and regional level. To that end, the Ministry of Health has provided much needed funds to address building requirements identified in the VFA report. The health regions licensed VFA facility software for the ongoing management of asset data and development of capital plans. Prairie North Health Region utilizes the VFA software to update and prioritize capital needs and projects in its Five-Year Capital Management Plan.

Approvals and partnerships with the Ministry of Health and local communities are necessary to move replacement projects forward. In the case of Lloydminster, commitment is also necessary from Alberta.

MAINTAINING AND IMPROVING OUR FACILITIES

KEY ACTION: *To undertake and complete the Ministry-approved capital improvement projects targeted to long-term care facilities and addictions facilities, and address priorities in capital maintenance identified in the VFA study and by RHAs.*

Measure: *Status of capital improvement projects as of September 30, 2009 and March 31, 2010.*

Target: *Progress on/completion of the following approved capital projects (timeframes to be added) – Meadow Lake Long-Term Care and Life Safety/Emergency and Infrastructure Projects for PNHR.*

PNHR PERFORMANCE RESULTS:

a) Meadow Lake Long-Term Care Project

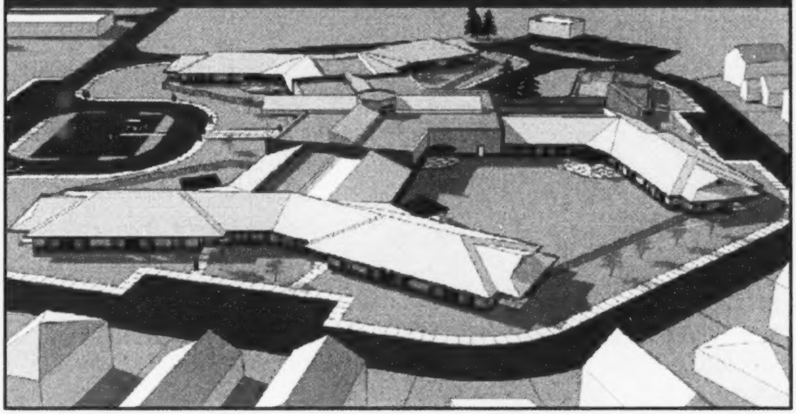
On February 3, 2009, the Ministry of Health announced approval for replacement of Northland Pioneers Lodge in Meadow Lake, along with 12 other outdated long-term care facilities throughout Saskatchewan, as part of the government's Ready for Growth economic stimulus program. PNHR had submitted a project proposal to government in September 2007 for funding consideration.

With the approval, Prairie North began work quickly to move the project forward. A project steering committee was established and a consultant chosen.

In November 2009 due to decreased provincial revenues, the government deferred much of the capital funding for the 13 long-term care facility reconstruction projects, including that for Meadow Lake. Funding remained to continue planning, architectural and design work. After a year of consultation, assessment, and planning by the project team, PNHR, the project steering committee and user groups, a design development report was completed and presented to the PNRHA Board in February 2010.

The Design Development Report recommends that the new facility be constructed on either of two preferred sites on the Flying Dust First Nation bordering the City of Meadow Lake.

Bird's Eye View – Proposed Meadow Lake Long Term Care Facility



The Report proposes the facility consist of an initial 60 beds, with the potential for a further 12-bed expansion to meet the community and area's assessed need. The project is to reflect a new model of care that uses multi-task workers operating in a resident-centered, home-like environment. Plans also include space for an adult day program and a regional therapy site. Total projected cost of the facility is $24.5 million, with the community responsible for contributing a 35% share, or close to $9 million.

The proposal was accepted by the PNRHA Board and was submitted to the Ministry of Health for further discussion and consideration. Additional work and Ministry approvals are required before the project can proceed to detailed design, tender, and construction. Final site selection and funding for the project must also be concluded. Prairie North Health Region and residents of Meadow Lake and surrounding communities are optimistic approvals will be forthcoming to move to an early 2011 construction cycle.

b) Life Safety/Emergency and Infrastructure Projects

Planning was initiated in early 2010 for a major life safety/emergency and infrastructure project at Battlefords Union Hospital, as identified by the VFA review. The project includes installation of a fire suppression sprinkler system on the second, third, and fourth floors of the facility, along with upgrades of the heating, ventilation, and air conditioning (HVAC) systems on the same floors, and installation of energy efficient lighting. Estimated cost of the retrofit project is $2.4 million, funded by the Ministry of Health. The project is to begin in June 2010 with completion targeted for October 2010.

Renovation of the Central Sterilization Room (CSR) at Battlefords Union Hospital was completed in the past year, to bring the area to CSA standards. Work was also initiated to upgrade the CSR at Lloydminster Hospital. Estimated cost of both projects is $40,000 combined, funded through the Ministry.

Prairie North was also able purchase a number of long-term care beds, patient lifts, and acute care beds with a $200,000 Safety Lifting Equipment Grant from the province.

In 2009-10, PNHR purchased and accepted delivery of approximately 70% of the equipment identified for acquisition in its 2009-10 capital equipment plan. Priority around acquisition of pandemic supplies is believed to have been a factor in the lower than previous level of capital equipment purchases.

RE-SCOPING THE SASKATCHEWAN HOSPITAL PROJECT

In April of 2009, the Ministry of Health announced it was providing Prairie North Health Region with $450,000 for further capital planning to clarify the scope of work needed and estimated cost to replace the nearly 100-year-old Saskatchewan Hospital in North Battleford. The re-scoping of the potential SHNB project followed completion and submission to government in December 2008 of the functional programming and concept design for a new provincial psychiatric rehabilitation and forensic services hospital to replace SHNB.

Discussions over the course of the year with the Ministry of Health resulted in new parameters for the project and the re-scoping. The parameters include a new hospital at approximately SHNB's current size of 156 beds, capable of serving current clients, forensic patients, and complex needs cases. The project would also include sufficient community-based residential resources located in regional health authorities to facilitate increased access to Saskatchewan Hospital and timely discharge of patients when rehabilitation service is complete. The community-based residential resources component would focus on program model identification rather than physical design.

Re-scoping will include working with a steering committee to plan modifications to the physical design proposed in December 2008. Consultations are to occur with various regional health authorities and community groups to plan the community-based residential resources. The project is also to include advice on best practice models of combining facility-based and community-based treatment from North America.

Re-scoping is to begin in June 2010.

RE-DEVELOPING LLOYDMINSTER HOSPITAL

In May 2009, the Ministry of Health announced it was providing Prairie North Health Region with $450,000 to complete all necessary planning, and to review and confirm the scope of work needed to rejuvenate Lloydminster Hospital.

A Functional Program and Master Plan for the hospital was prepared and publicly released in the 2007-08 fiscal year, calling for long-term two-phase redevelopment of the facility to meet continually growing needs. The plan was submitted to the Saskatchewan Ministry of Health and Alberta Health and Wellness for funding consideration. Approval of both provinces is required for the project to proceed.

In the interim, to continue striving to address the burgeoning needs of Lloydminster and area patients and health care providers, Prairie North actively worked toward a shorter term redevelopment of several main floor departments at Lloydminster Hospital. The project includes much needed expansion of the Emergency Department, redevelopment of the Admitting area, and redevelopment of the Medical Imaging department to accommodate introduction of mammography service. The plan was completed in September 2009 and submitted to the Saskatchewan and Alberta Health Ministries. Partial funding for the $2.2 million project was approved in March 2010. PNHR anticipates full approval from both Ministries in May 2010. Work is anticipated to begin in the fall of 2010.

BUILDING A NEW LONG-TERM CARE FACILITY IN LLOYDMINSTER

Prairie North Health Region awaited word from Alberta in 2009-10 on the status of a $40 million project announced in early 2008 that a new 60-bed long-term care facility would be built on the Alberta side of Lloydminster. The facility is to replace the oldest 55-bed wing of Dr. Cooke Extended Care Centre in Lloydminster.

Prairie North participated on the Lloydminster Continuing Care Capital Project Steering Committee in 2008-09 to begin planning for the new facility. However, restructuring of the Alberta health system through 2009-10, coupled with a downturn in the Alberta econom, delayed proceeding with the project.

Lloydminster and area residents, and Prairie North Health Region, are optimistic that approval will come in early 2010-11 for the project to proceed.

Operating Resources

FINANCIAL SUMMARY

The 2009-10 fiscal year can be characterized as one of change for Prairie North Health Region and indeed for the province as a whole.

The year began with the Region and the province forecasting a balanced budget in the face of economic turmoil around the globe. By the mid-point of the year, a significant decrease in provincial revenues prompted the government to implement measures to reduce spending and ensure the budget remained balanced. Health was one of the areas that experienced decreases and that impacted Prairie North Health Region.

PNHR's 2009-10 operating budget, approved in May 2009, focused on "improving access to everyday health services and directing resources to where they were needed most." The balanced budget called for revenues of $210,918,948 and expenses of $210,912,096, resulting in a small surplus of $6,852. The Region also planned to spend $5.9 million for capital equipment and information technology acquisitions, with much of the capital funding coming from Foundations, Trust Funds, Auxiliaries, and public donations.

Under the operating budget, PNHR planned on enhancing nurse staffing in priority areas including acute care, palliative care, infection control, public health, mental health services and chronic disease management. Other key strategies included implementation of a Respiratory Therapy Program at Lloydminster and Digital Mammography service also at Lloydminster.

By fall, health regions were instructed by the Ministry to reduce operational spending by $5 million. Prairie North's share of the reduction was $302,000 to be managed by the Region within its overall budget.

When Saskatchewan's government presented its mid-year update in mid-November the province announced it was deferring much of the capital funding it had allocated in March 2009 for long-term care capital projects including Meadow Lake's. The method chosen was to reduce operational funding by $13.1 million for Prairie North and allow a corresponding transfer from the Region's capital fund to operations at year end. The deferral left $1.7 million of the original $14.8 million provided to Prairie North for the project. The remaining money was designated to continue with planning. The government remains committed to providing capital funding for the project.

In the meantime, Prairie North was working to obtain word from Alberta on its 2009-10 funding for the provision of health services to Albertans at Lloydminster. PNHR was expecting $30.3 million from Alberta for 2009-10. However, with Alberta's transition from nine regional health authorities to one Alberta Health Services (AHS) entity, and AHS' budgeted deficit for the year, PNHR waited with trepidation. AHS had instructed all health care partners to initiate strategies to reduce costs and improve efficiencies within current resources. PNHR was uncertain how the Alberta funding constraints/reductions would impact the Saskatchewan health region.

In late August 2009, AHS confirmed that a 6% funding increase as of April 1, 2009 for long-term care would be reduced by 3% as of December 1, 2009. In late January 2010, PNHR was advised that acute, home care, mental health and community health services funding would decrease 3% for February and March 2010, from the 6% increase that had been implemented at the start of the fiscal year. The total Alberta funding shortfall for Prairie North became $3.13 million for 2009-10. PNHR was unable to move forward with implementation of respiratory therapy and digital mammography programs at Lloydminster.

In March 2010, following a revision of health strategy in Alberta, AHS did provide PNHR with $664,000 to fund the Dr. Cooke Extended Care Centre accumulated deficit. This year end contribution was a significant adjustment to PNHR's bottom line.

In the fall of 2009, PNHR initiated a number of Lean projects designed to improve efficiencies and care-linked processes and reduce costs. Although some of these projects required an initial investment of time and technology, results to date are supporting a positive outlook.

The spring and fall of 2009 also saw Prairie North and all Saskatchewan health regions incur significant expenses to prepare for and combat the H1N1 pandemic. The additional costs sustained during the outbreak were absorbed by government. PNHR's H1N1 costs amounted to $1.1 million and were fully covered by the Ministry of Health.

Prairie North Health Region ended 2009-10 with total revenues of $204.1 million, $6.8 million or 3.2% lower than budgeted. Total expenses were $4.8 million or nearly 2.3% higher than budgeted, at $215.7 million at year end. The result is a 2009-10 deficit for Prairie North of $11.6 million. But with transfer of $13.1 million from the capital fund, PNHR shows a functional surplus of $1.5 million at the end of 2009-10.

The major reason for the surplus remains in position vacancies. Approximately 70 positions were vacant throughout the year. Lower than forecast utility expenses due to a cool summer and warm winter also contributed to the functional surplus.

PNHR was able to invest $5.9 million as budgeted in capital equipment and information technology. Capital management plan projects not completed or initiated in the past year continue into 2010-11 or are re-evaluated in terms of other priorities or requirements.

Pillar: Health of the Population

PREPARING FOR AND RESPONDING TO THE H1N1 PANDEMIC

Health systems world-wide prepared for and responded to the threat of a pandemic respiratory illness in 2009-10. A new virus, later dubbed H1N1, burst onto the world scene in the spring of 2009, with cases of illness and death reported in Mexico, and then in some of the southern United States. The illness continued to spread across the United States and into Canada. By early May, Saskatchewan confirmed its first two human cases of H1N1 in individuals who had vacationed in Mexico. Throughout the spring, H1N1 cases in Saskatchewan were of mild to moderate severity.

Saskatchewan's Health Emergency Operations Centre (HEOC) was activated in late April. Health Regions across the province, including Prairie North, operationalized their EOCs as well and worked closely with the provincial HEOC. Emphasis during this first phase of the illness focused on monitoring and surveillance; reviewing, revising, and strengthening pandemic plans; preparing health employees via respirator fit testing; identifying and ordering needed supplies; and educating and informing staff and the general public about the illness, precautions to limit its spread, and actions to be taken if one contracts the disease.

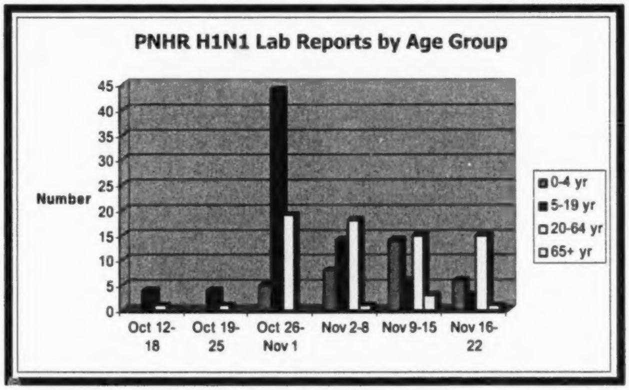
Communications across the Region was a top priority. PNHR established an H1N1 Influenza section on its websites, featuring a host of educational and informational materials about the pandemic. Links were created and maintained with the Saskatchewan Ministry of Health and Public Health Agency of Canada websites for the most up-to-date news, announcements, and publications. Prairie North widely distributed posters, fact sheets, question and answer summaries, and general updates throughout the organization, PNHR communities, school systems, media, partners, local governments, and more. The Region worked hard to reach as many people as possible to help them prepare for the pandemic.

Prairie North Health Region EOC members met with local union officials to discuss planning and preparations. Meetings were also held with municipal and First Nations leaders across the Region to inform and engage communities in pandemic planning and preparations. First Nations health officials from around the Region and from communities and agencies to the north of PNHR participated in regular updates with Prairie North, and collaborated to identify and resolve issues and areas of concern.

The first wave of the illness subsided by the end of May; however, planning and preparation continued for an anticipated second wave in the fall. In June, the World Health Organization (WHO) declared H1N1 a pandemic. In late June, Saskatchewan recorded its first death associated with H1N1 influenza virus.

Over the summer, Saskatchewan and Prairie North Health Region continued to prepare for the expected autumn onslaught of H1N1 influenza. The province and health regions released their updated pandemic plans in mid-September. Pandemic supplies were received and stockpiled. Prairie North made extensive plans for mass immunization clinics across the Region, as a vaccine had been developed since the first wave of H1N1. Canada purchased sufficient supply to immunize everyone in the country who wished to receive the vaccine.

By the second week of October, the second wave of H1N1 influenza began to emerge in Prairie North. The peak week of influenza-like illness (ILI) activity in schools, emergency rooms and hospitals in PNHR was the last week of October and the first week of November.



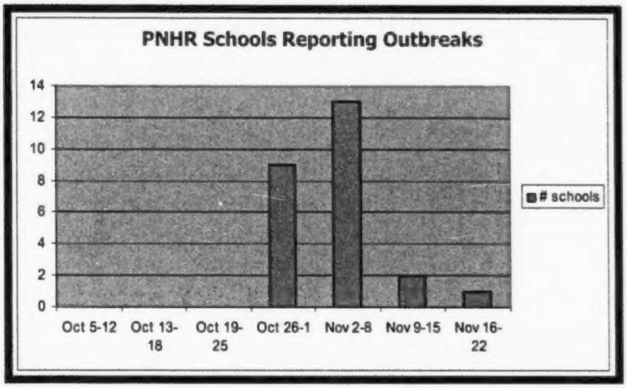
Surveillance for ILI and possible H1N1 through the Region's school divisions, select workplaces, and PNHR Emergency Departments worked well. The number of schools reporting outbreaks peaked in the last week of October and the second week of November. An outbreak is defined as greater than 10% absenteeism.

The weeks of November 2-8 and November 9-15 saw the greatest numbers of people with ILI visit PNHR's emergency rooms.

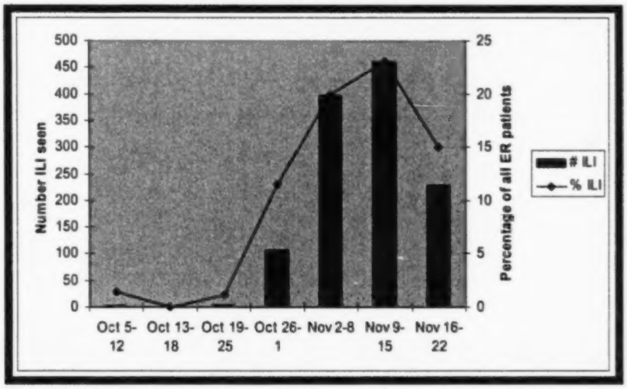
The week of November 2-8 saw the largest number of PNHR hospitalizations of patients with ILI. As confirmations of H1N1 returned, the number of hospitalizations in Prairie North with H1N1 were highest November 9-15 and November 16-22.

In all PNHR health care facilities, physicians, nurses, respiratory therapists, and all other health care providers responded with efficiency, professionalism and compassion to the increased number of ill persons needing care. Some health services in some locations were disrupted to focus on and cope with the higher than usual numbers of patients needing care; however, the service interruptions were relatively short-lived.

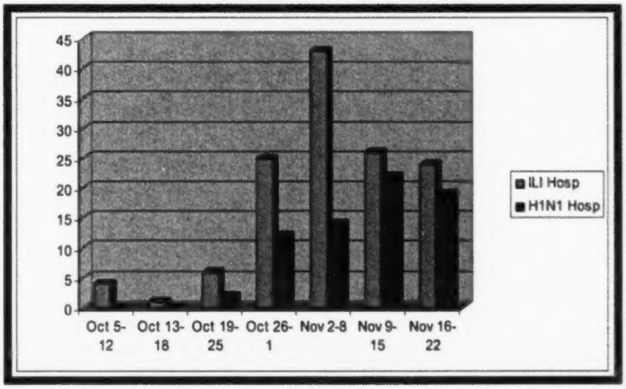
Saskatchewan received its first shipments of H1N1 vaccine at the end of October. Prairie North began its pandemic influenza immunization clinics on November 5. The incremental availability of the vaccine required a stepped approach in first immunizing people at greatest risk of illness and serious complications from the virus. As these people were immunized and more vaccine became available, the groups of people invited to receive the vaccine continued to expand. By November 24, H1N1 immunization was available to everyone.



PNHR ILI Emergency Room Visits



PNHR ILI and H1N1 Hospitalizations

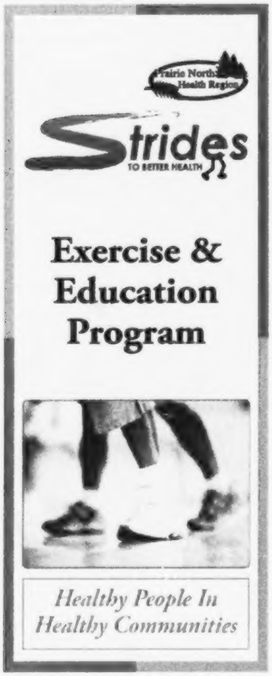


PNHR conducted over 90 immunization clinics across the Region from November 5 through January 22, 2010. Over 42% of the population the Region serves received the H1N1 vaccine: 30,000 people immunized by PNHR nurses and 9,000 by First Nations health professionals in First Nation communities, for an estimated total of 39,000 people.

Prairie North Health Region commends its staff, physicians, volunteers, partnering organizations and agencies, media, and the public for their outstanding response to the threat and the reality of the H1N1 influenza pandemic. The leadership, collaboration, support and cooperation of everyone made the Region's handling of the pandemic efficient and effective.

PNHR also extends appreciation to the Ministry of Health for its leadership and guidance as we worked together to protect the health of the population.

STRENGTHENING CHRONIC DISEASE MANAGEMENT



Prairie North Health Region

Strides TO BETTER HEALTH

Exercise & Education Program

Healthy People In Healthy Communities

Prairie North Health Region is committed to working with individuals and communities to build knowledge and skills to help manage health and health conditions, and help individuals and groups maintain as active and healthy a lifestyle as possible.

The Region has begun implementation of a Cardiac Rehabilitation program. The first stage of the program is introduction of 'STRIDES to Better Health'. STRIDES is an initiative aimed at decreasing individuals' risk of developing heart disease. STRIDES offers peer support, professional education, guidance, and an opportunity to exercise. The program is run by a Chronic Disease Nurse Educator who works with groups of up to 20 participants for up to two hours three times per week for 12 consecutive weeks. The emphasis is on building skills for managing health and maintaining an active and fulfilling lifestyle.

The STRIDES program is for people with Type 1 or Type 2 diabetes, a body mass index less than 40, high cholesterol, controlled high blood pressure, or any combination of these conditions. Education centres around exercise and stretching, diet and nutrition, managing stress, goal setting, blood sugar and blood pressure monitoring, and how the heart works.

PNHR intends initially to offer STRIDES in The Battlefords, Lloydminster, and Meadow Lake, with consideration to expanding the program into rural locations. In the past year, PNHR has expanded Chronic Disease Education services to Cut Knife, and to Thunderchild and Big Island Lake First Nation communities. Services were enhanced in Loon Lake, Goodsoil, Maidstone, Turtleford and North Battleford.

EXPANDING AUTISM SERVICES

Consistent with the Ministry of Health's commitment to enhance services and supports for Saskatchewan children with autism, Prairie North Health Region launched a renewed Autism Spectrum Disorder program with $224,000 in targeted funding from the province.

Under the Ministry's Framework and Action Plan for Autism Spectrum Disorders (ASD) Services, released in late 2008, Prairie North put together a proposal for hiring of an ASD consultant and two ASD support workers, along with a plan for summer ASD programming and respite services. The Region was successful in June 2009 in hiring an ASD consultant/coordinator for the program. The position became vacant in December 2009 and efforts to recruit are ongoing. Two ASD support workers were hired and are based in North Battleford and Meadow Lake.

An ASD summer respite program was promoted throughout Prairie North Health Region. The program provided assistance to families by hosting day programs, helping with finding and hiring respite caregivers, and facilitating attendance at summer camps. Twenty-one families accessed the summer program. Feedback was positive as the program had enough flexibility to meet individual needs. PNHR also hired a summer student to support the respite program in Meadow Lake by organizing day programs and assisting families to access existing programs.

Prairie North's ASD program works to build community capacity by bringing training close to home for families, caregivers and professionals. Applied Behavioural Analysis training was held in North Battleford, Lloydminster and Meadow Lake. Picture Exchange Communication (PEC) basic training was held in North Battleford in the past year. Additional support from the Ministry of Health enabled Prairie North to offer advanced PECs training to staff, community partners, and families.

Establishment of a Central Intake process has enabled PNHR to provide a single point of entry for early childhood services including ASD services in the Region. Recruitment to the Region of a paediatrician and child psychiatrist based in Lloydminster has also improved access for families to diagnosis and consultation.

Future Outlook and Emerging Issues

Prairie North Health Region is eager to move toward the destination laid out by the Patient First Review of returning the focus of Saskatchewan's health system to the patient. The Review calls for the health system to "make patient-and family-centred care the foundation and principal aim of the Saskatchewan health system."

The Patient First Review also calls for:

- equitable care
- convenient, timely care
- comprehensive care
- functional e-(electronic) health care
- coordinated care
- communicative, informative care
- respectful care
- improvement in system performance and leadership

To achieve these aims is a complex and challenging task to which Prairie North readily subscribes. The Region welcomes the opportunity the Review presents for a fundamental change in 'the way we do business' and in the culture of the system, renewing the focus on the patient, family and health of the population and improving the overall patient experience.

Prairie North will be challenged on numerous fronts along the journey to reorient and refocus as a system. Several initiatives are already underway including engaging the customer and health care providers and improving patient and provider satisfaction. Continually improving safety for patients and providers, and striving for excellence in all that we do remain top priorities. Initiatives to improve access to care and service are in place in relation to surgical and diagnostic services and primary health care, to name a few.

Prairie North is confident that initiatives like Lean and Releasing Time to Care™ will produce ever greater results which will spread across the organization at the front line level as the successes are shared and enthusiasm builds. The emphasis is on working smarter, not harder, always with the goal of adding value to the customer/patient.

Lean and Releasing Time to Care™ will also help find waste and improve efficiency in the system, ultimately impacting the system's long-term sustainability. PNHR anticipates that financial pressures will continue to bear on the Region. Costs continue to escalate and funding to cover them is not likely to grow at previous rates.

Funding remains a challenge for capital equipment and infrastructure. Pressures to replace equipment and facilities are unabated. Prairie North and the Saskatchewan Ministry of Health must work to resolve funding issues with Alberta related to Lloydminster. Health system restructuring in Alberta has adversely impacted Prairie North and will continue to do so unless responsibilities and linkages with Alberta are resolved.

With the 2010-11 budget emphasis on finding and reducing waste and inefficiency while protecting services and programs for our patients, residents, and clients, and maintaining jobs and security for our employees, Prairie North is aiming to achieve efficiency savings in a number of key areas. These include implementation of initiatives to reduce telephone and utility costs, lower electrical consumption, reduce vehicle and travel expenses, and better manage printing practices.

The key area of attention will be on lowering sick time, overtime and workplace injury costs through a comprehensive attendance management strategy and active participation by all employees.

The ultimate message is clear: if Prairie North Health Region does not succeed in reducing sick time, overtime, and Workers' Compensation Board costs, and in finding efficiencies and decreasing waste, the end result will affect services and jobs.

Emphasis remains on strengthening the Region's workforce. Recruitment of physicians is ongoing; recruitment and retention of professional staff is particularly challenging in rural sites; recruitment to a number of hard-to-recruit positions requires constant attention; and recruitment to out-of-scope positions is essential. PNHR will continue to work on all of these fronts.

Payee List

As part of government's commitment to accountability and transparency, the Ministry of Health and Regional Health Authorities disclose payments of $50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures. Reporting and tabling of the payee list holds the RHAs accountable for the public funds they receive.

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2010

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

Acaster, Dianne	$ 99,210
Akre, Kim	81,719
Akre, Lorrie	85,127
Albert, Lori	81,139
Allan, James	52,858
Almond, Deanne	68,637
Almond, Rosemary	76,804
Amusat, Ismaila	82,256
Anderson Callbec, Trina	83,638
Anderson, Lorilynn	56,813
Armstrong, Deanne	51,470
Arneson, Lillian	63,303
Arnold, Shelley	70,743
Auriat, Odette	124,658
Austin, Audra	93,727
Aznar, Chariss	73,375
Azupardo, Keyleen	67,114
Bacchetto, Theresa	71,828
Bailey, Anita	80,053
Bailey, Kathryn	94,976
Bailey, Todd	103,963
Baldinus, Debra	72,982
Ball, Nicole	63,508
Ballan, Maureen	86,668
Bandola, James	64,814
Banks, Shannon	55,526
Banks, Shelly	62,181
Banks, Sherri	66,204
Bannerman, Charlene	72,284
Bannister, Elizabeth	50,195
Barclay, Grant	$ 54,708
Barker, Catherine	56,975
Barnett, Isabelle	76,516
Barr, Idella	80,692
Bartkewich, Catherine	74,767
Basilio, Catherine	52,859
Bauer, Matthew	53,073
Bauer, Robert	81,750
Bauming, Holly	131,194
Baynham, Carrie	82,478
Baynham, Jacquelin	99,481
Beach, Kathy	83,464
Beaubien, Janet	65,813
Beauchesne, Lucinda	55,207
Beaudry, Valerie	50,195
Beckman, Barbara	81,668
Bedford, Shirley	53,895
Bell, Nancy	58,378
Bellows, Amber	52,151
Bendall, Lucy	85,025
Bentley, Regina	145,493
Bertsch, Shirley	67,548
Best, Peggy	93,777
Betemps, Leona	67,031
Bielecki, Joanne	75,197
Bilanski, Lisa	91,251
Birkett, Bryan	59,048
Bishop, Marla	79,391
Blain, Marion	68,180
Blais, Elaine	85,904

Personal Services (continued)

Blais, Louise	$ 52,647
Blais, Patrick	62,767
Blakely, Elizabeth	62,013
Bland, Erin	55,049
Blandin, Ashley	65,188
Bloch Hanson, Kathryn	80,863
Blocha, Doreen	53,876
Bloom, Bethany	54,158
Blouin, Rhonda	52,660
Blyth, Michelle	57,528
Blythe, Edith	110,758
Bodnar, Cynthia	223,135
Bogdan, Kevin	87,618
Bojarski, Shirley	58,530
Bolster, Lauri	93,819
Bomok, Michelle	56,515
Booth, Beverly	115,774
Booth, Stephen	99,582
Bornhorst, Carisa	51,830
Borowsky, Gail	99,637
Boskill, Sharon	120,914
Boulton, Noreen	54,958
Bouvier, Erin	52,483
Bouvier, Linda	91,801
Bowman, Jodi	51,072
Boyer, Claudette	55,407
Boyer, Desiree	61,603
Braaten, Cathy	51,839
Branconnier, Sherri L.	107,232
Brassington, Barbara	57,561
Brausse, Connie	51,224
Brick, Bonita	53,427
Brick, Dean	99,582
Briggs, Christine	81,880
Britton, Alan	67,154
Brodbin, Helene	63,727
Brow, Benjamin	54,918
Brow, Robert	74,518
Brown, Betsy	64,623
Brown, Candace	54,241
Brown, Christine	72,926
Brown, Robert	108,516
Brucks, Susan	76,738
Brun, Wanda	57,666
Buchynski, Kenneth	135,584
Buhay, Maria	53,859
Buhler, Jenna	67,669

Bullock, Karen	$ 75,207
Bullock, Lloyd	102,127
Bunnell, Diane	94,282
Burnouf, Jeannine	93,966
Burroughs, Penny	78,049
Burrows, Kimberly	50,174
Buziak, Diane	52,157
Byl, Kathy	78,592
Cain Buglas, Jacalyn	64,368
Campbell, Tara	75,482
Cann, Terry	87,336
Cappelle, Trina	50,065
Carey, Deb	123,774
Carey, Lorelie	68,884
Cavanagh, Dianne	74,870
Cavanagh, Nicole	53,033
Chabot, Lionel	139,987
Chambers, Jennifer	50,669
Chambers, Margaret	91,516
Charabin, Brenda	80,402
Charpentier, Aline	63,278
Chartier, Constance	117,384
Chartier, Timothy	57,044
Chayeski, Byron	56,791
Chaykowski, Brenda	84,073
Cherniak, Misha	56,186
Cherwinski, Melissa	50,480
Choe, Yoon Jung	64,161
Chomicki, Doreen	67,782
Christianson, Christine	67,571
Christie, Sara	73,301
Chubb, Patricia	112,127
Clancy, Catherine	75,651
Clark, Margaret	56,693
Clarke, Darlene	81,460
Cole, Kendra	63,779
Coleman, Glenys	59,279
Collinge, Dianne	79,567
Collins, Karen	83,523
Collins, Shari	63,946
Conacher, Laurie	73,638
Cook, Danelle	75,402
Cook, Robert	93,015
Cooke, Heather	68,006
Corbeil, Alan	64,744
Cornista, Teeny	80,957
Corpe, Cathy	67,004

Personal Services (continued)

Corrigal, Twyla	$ 59,969
Cortus, Debby	72,481
Craig, Irene	62,036
Craig, Lauren	51,007
Craig, Margaret	55,746
Crickard, Karen	83,344
Croke, Shane	106,947
Crone, Eileen	89,559
Cross, Katherine	54,190
Crossman, Doris	54,393
Crowder, Nichole	100,068
Crush, Noreen	52,740
Cuff, Shirley	61,779
Cunanan, Abigail	68,901
Cundliffe, Verna	96,573
Custer, Cory	72,848
Daer, Tracey	75,775
Dahl, Glenda	64,948
David, Maria Ann	127,194
Davidson, Theresa	53,522
Davis, Dale	74,499
Davis, Jane	58,677
Day, Kelly	97,216
De Bruin, Shannon	59,688
Dearborn, Anna	55,079
Decelle, Kathy	65,751
Degenstein, Amanda	90,894
Deneschuk, Judith	77,792
Denis, Irene	139,987
Derkatz, Rhonda	74,085
Derkatz, Trevor	104,361
Desjarlais, Michelle	67,221
Deutscher, Carol	69,422
Dicks, Joanna	73,015
Dimmick, Tammy	99,582
Dodsworth, Dawn	81,410
Domshy, Beverley	96,811
Donahue, Leslie	77,242
Donald, Janet	61,208
Donald, Lori	59,972
Doom, Debra	101,428
Doshen Gervais, Lisa	65,945
Douville, Lorraine	57,002
Drummond, Lindsay	70,280
Duchscherer, Wayne	60,827
Duddridge, Shawn	84,030
Duhaime, Tanya	60,614
Dumouchel, Kathryn	71,836
Duncan, Diana	68,527
Dupuis, Darlene	$ 105,199
Dustow, Verlyne	85,118
Dyck, Carol	98,853
Ebach, Chris	55,313
Eberle, Cindy	105,622
Edgar Cozine, Shelly	152,531
Edwards, Timothy	57,165
Eliasson, Fred	69,997
Elliot Rumpf, Karen	65,054
Engelke, Albrecht	60,001
Engelke, Carmel	94,563
Engelke, Johann	79,115
English, Darlene	86,153
English, Roderick	104,105
Epp, Priscilla	89,159
Erickson, Faye	82,940
Ernst, Bernadett	89,564
Etcheverry, Chris	100,423
Etcheverry, Lionel	84,506
Etue, Christine	61,834
Fan, Colleen	63,508
Fan, David	198,310
Farrell, Barbara	69,786
Feist, Carla	51,677
Felipe, Liberty	82,036
Felix, Richard	65,074
Ferbey, Kelly	70,232
Ferderer, Joy Lyn	51,828
Ferguson, Sandra	80,248
Ferland, Armande	57,000
Fernandez, Jean	87,970
Fillion, Janice	54,259
Fischer, Karen	52,306
Fluney, Doris	50,381
Forbes, Shelley	91,940
Ford, Brittiany	53,287
Forester, Barbara	91,251
Fowler, Penni	57,690
Franklin, Lindsey	60,070
Fransoo, Colais	84,680
Fransoo, Paul	54,789
Freeman, Caroline	100,988
Freeman, Elizabeth	61,989
Frey, Geoff	70,836
Friedrich, Andy	86,235
Frolek, Patricia	81,960
Fung, Teresa	95,921
Furtas, Judy	97,121
Gabruch, Colleen	63,332

Personal Services (continued)

Gallano, Florinda	$ 83,191
Gerbig, Karen	109,573
Gerbrandt, Gloria	93,695
Gerlinsky, Lisa	65,342
Gervais, Donnell	100,621
Getzinger, Amy	51,637
Gieni, Kathleen	55,142
Gill, Chris	66,026
Gillego, Abigail	87,227
Gillen, Toby	95,540
Gillespie, Laurie	57,100
Gislason, Kristinn	57,135
Glowa, Lorne	126,686
Glowa, Shirley	63,837
Goota, Monica	110,436
Gosling, Kerri	81,156
Gossen, Karen	102,665
Graham, Martha	78,538
Graham, Shiela	51,619
Grant, Sandra	91,251
Graupe, Lori	101,822
Gravelle Allenby, Angela	86,681
Graw, Esther	59,429
Greedharry, Prema	64,871
Green, Joan	59,417
Greenfield, Robert	56,299
Greenwald, Kelly	71,605
Greenwood, Beverly	86,235
Gregg, Joanne	75,038
Gregoire, Gillian	112,704
Grela, Joseph	74,518
Greschner, Nadyne	91,234
Grigo, Sandra	67,154
Grychowski White, Lorraine	117,364
Gubbe, Debra	90,155
Gubbe, Greg	82,830
Gubbe, Joanne	54,740
Gubbe, Louis	61,512
Gubbe, Spencer	91,543
Guest, Tabitha	75,528
Gustafsson, Laurie	77,402
Gusztak, Lewko	391,314
Hadland, Brenda	95,159
Haftner, Debra	51,639
Hagerty, Tammy	61,193
Haggard, Alison	109,194
Hall, Jeanette	79,982
Hamel, Denise	50,918

Hames, Lisa	$ 91,914
Hames, Shelly	58,907
Hamilton, Charlotte	57,199
Hampton, April	62,657
Hanna, Christine	56,629
Hanna, Jennifer	98,084
Hanna, Melissa	56,649
Hanna, Pamela	75,876
Harach, Jennifer	66,662
Harbus, Debbie	109,492
Harder, Audrey	68,338
Harms, Shannon	81,870
Harper, Howard	51,702
Harper, Rose	64,116
Harrison, Garth	67,692
Harrison, Shelly	56,188
Harrower, Ashley	51,193
Harvey, Patricia	90,387
Harvey, Tricia	77,624
Harwood, Linda	50,998
Haslund, Janelle	76,620
Hauck, Sara	60,983
Haughian, Terrie	66,024
Head, Myrna	53,929
Heidel, Kellie	108,624
Heintz, Wendy	82,933
Helmeczi, Amanda	67,004
Hemsley, Margaret	84,301
Henderson, Mendi-Lee	50,821
Hepp, Raquel	60,441
Hetu, Deborah	73,770
Heyens, Amanda	62,708
Hiebert Sturrock, Lannis	72,950
Hiebert, Katie	69,768
Hill, Elizabeth	56,004
Hillaby, Vanessa	64,832
Hilsendager, Brent	65,210
Hilsendager, Rose	65,009
Hines, Tyler	69,866
Hoganson, Mardelle	89,228
Hoglander, Lorna	78,633
Holba, Barb	89,325
Horn, Janice	88,707
Horpestad, Beverlie	64,984
Horrex, Susan	79,762
Horsman, Shelly	100,803
Horvath, Marcie	51,667
Horvath, Mitchell	55,721

Personal Services (continued)

Hotel, Robert	$ 55,358
How, Cindy	62,699
How, Ernie	86,169
Howdle, Amanda	108,970
Hritzuk, Celine	76,632
Hryn, Donna	63,666
Hryniuk, Carol	98,128
Huard, Patricia	62,766
Hubbard, Barry	103,362
Huber, Debora	89,306
Huber, Jodie	50,600
Huebert, Kristin	104,778
Hughes, Kelly	81,953
Hume, Louise	60,092
Hurley, Jay	75,866
Huxley, Denise	93,707
Illingworth, Cherie	66,429
Illingworth, Connie	99,637
Ingram, Jennifer	83,562
Ingram, Marlene	51,569
Ip Fung Chun, Roger	109,040
Itturralde, Lailani J	116,673
Iturralde, Cecille	77,318
Iverson, Darryl	55,234
Iwanchuk, Debbie	86,235
Jabagun, Adetoun	89,474
Jack, Shirley	52,501
Jackson, Sharon	96,875
Jamieson, Claudette	135,704
Jeffrey, Evangelin	90,471
Jeffrey, Miles	74,002
Jesse, Lorrieann	94,367
Jiricka, Barbara	139,987
Jiricka, Brilyn	82,177
Johner, Maxine	67,740
Johnson, Barbara	52,050
Jones, Gloria	91,345
Jones, Judy	64,868
Jones, Lori	56,531
Jonsson, Brian	92,472
Juarez, Michael	75,180
Kaltenborn, Vicki	89,661
Kalynchuk, Valarie	53,397
Kaplar, Gwendolyn	91,740
Karp, Deena	51,195
Kearnan, Nancy	51,677
Keller, Jerry	139,987
Kenny, Karen	85,756

Kerr, Marilyn	$ 76,170
Killoran, Linda	62,167
King, Gloria	52,898
Kingwell, Darlene	67,004
Kipp, Renee	64,938
Kirkland, Marianne	70,201
Kirton, Bobbi Lyn	67,333
Klassen, Marlon	69,757
Klippenstein, Allan	53,958
Klotz, Kayla	75,833
Knutson, Theresa	97,415
Koch, Gail	79,852
Koch, Lori	55,438
Kolosnjaji, Aleks	66,534
Kondra, Jennifer	61,058
Konlan, Binamin	64,756
Koroll, Georgette	84,406
Koroluk, Richard	85,807
Kotun, Laurie	79,329
Kozlowski, Karen	55,708
Kozlowski, Koreen	103,679
Kramer, Barbara	70,074
Kramer, Carrie	71,476
Kramer, David	60,297
Kramer, Kaeley	60,302
Kulak, Terrilynn	53,920
Kuntz, Coralie	58,046
Kurc, Dorota	82,660
Kuziak, Joan	55,577
Kzyzyk, Diane	61,008
Labrash, Tammy	71,212
Lafoy, Rosaleen	50,049
Lafreniere, Pamela	102,309
Lalonde, Michelle	52,854
Lamb, Linda	86,346
Lambert, Carey	63,601
Lamoureux, Peggy	166,988
Landreth, Janet	84,523
Landrie, Cynthia	97,823
Laplante, Christina	56,091
Lauritzen, Dianne	64,737
Lavoie, Gail	74,518
Lavoie, Judy	87,268
Lay, Julia	50,476
Lay, Justine	73,301
Lea Wilson, Angie	54,498
Lee, Kathy	54,204
Leedahl, Heather	50,860

Personal Services (continued)

Legere, Jeremie	$ 55,760
Leibel, Lillian	87,345
Leitner, Jean	86,076
Leniuk, Janine	108,202
Lepage, Charley	81,602
Lessner, Dwayne	93,771
Letwinetz, Bonnie	89,502
Lewis, Linda	77,660
Lindquist, Murray	120,554
Lindquist, Randy	115,150
Lisko, Tamara	69,456
Littlebear, Carrie	81,052
Loch, Sharlene	119,745
Lockhart, Becky	74,174
Lockhart, Joyce	92,946
Loewen, Heather	72,086
Logue, William	60,772
Loney, Shirley	125,255
Looshorn, Jennifer	90,230
Lorenz, Sharon	62,239
Loveday, Marsha	88,328
Lumsdon, Janet	65,576
Lund, Leona	73,895
Lupul, Christine	52,313
Lychak, Tremayne	72,679
Lynds, Dalmar	105,650
Lyon, Kelly	82,477
Lyonnais, Michelle	68,010
Macdonald, Joan	72,143
Macdonald, Rosemarie	60,505
Mack, Shari	89,713
Mackinnon, Andrea	70,275
Mackinnon, David	98,334
Mackrell, Carol	108,337
Macleod, Roy	73,256
Maclure Eastman, Martha	52,314
Macnab, Brenda	54,082
Macnab, Ralph	82,370
Madsen, Dorothy	77,529
Maggrah, Kate	63,414
Malach, Matt	72,837
Malekoff, Debra	68,441
Mamer, Susan	84,686
Manegre, Nicole	76,276
Manegre, Sherri	84,182
Mann, Devin	50,634
Mannen, Lizamarie	101,732
Marchadour, Donna	52,725

Marciniuk, Sherry	$ 50,322
Martinson, Karen	80,555
Mason, Betty	88,630
Matechuk, Joan	88,975
Mayer, Jody	71,442
Mccallum, Georgette	57,474
Mccaslin, Howard	70,809
Mccord, Chad	67,004
Mcdonald, Melanie	53,230
Mcdougall, Ashley	67,439
Mcgillis, Barbara	60,968
Mcgowan, Dawn	67,060
McHattie, Jane	83,858
Mcintyre, Darcy	91,217
Mckay, Shirley	53,364
Mckee, Roberta	57,586
Mckeen, Michael	54,118
Mckenzie, Rema	56,811
Mcleod, Mary	73,387
Mcmaster, Teresa	65,272
Mcmillan, Dorothy	85,265
Mcmillan, Murray	84,735
Mcmillan, Teresa	84,080
Mcnabb, Adam	62,781
Mcneil, Dana	97,012
Mcneil, Shawna	50,908
Mcouat, Ina	74,232
Mcrae, Kenneth	80,099
Mcwatters, Patricia	99,704
Meagher, Lisa	51,842
Mee, Brad	67,241
Meena, Sharon	101,708
Meier, Jarvis	61,351
Meier, Terry	63,447
Meikle, Mary Lynn	61,746
Melchior, Jacquelin	102,223
Melenchuk, Dalton	72,280
Melling, Lynne	99,004
Menzel, Colleen	62,539
Michaud, Blair	73,604
Michaud, Jeanne	70,076
Michaud, Therese	108,389
Miller Marinier, Terrylynn	70,827
Miller, Jennifer	65,065
Milligan, Karen	57,175
Million, Diane	77,816
Mills, Patricia	60,215
Misener, Patricia	61,196

Personal Services (continued)

Mitchell, Cheryl	$ 86,235
Mitchell, Janet	63,464
Moir, Barbara	77,568
Mondez, Margareth	74,871
Moore, Dennis	94,925
Moore, Leona	81,053
Moore, Linda	94,028
Moore, Linda	55,587
Morin, Roxanne	98,018
Moylan, Lorna	62,109
Mulhall, Brad	65,268
Munn, Heather	59,211
Munroe, Frank	67,984
Murphy, Debbie	56,390
Murphy, Irene	88,860
Murray, Bruce	154,348
Myszcyszyn, Debbie	75,976
Nachtegaele, Glenn	65,248
Nachtegaele, Lori	53,072
Nagy, Sylvia	99,582
Nash, Faith	66,021
Navarro, Lori	85,697
Nelson, Donna	83,764
Neuls, Kimberley	68,595
Nickorick, Rita	78,538
Nielsen, Tracie	99,637
Nixon, Rhonda	58,916
Nolin, Gary	101,924
Nuanta, Tiwawan	88,184
Nwebube, Nwando	51,267
Nyholt, Pamela	71,526
Nystrom, Dawn	97,019
Oborowsky, Earl	99,290
Oborowsky, Lynette	68,495
Oborowsky, Michele	68,212
Oborowsky, Nicole	52,102
Oborowsky, Robyn	57,857
Obrien, Shea	76,021
Oddan, Irene	83,570
Ohanlon, Tanya	52,666
Oliver, Lisa	118,104
Oliver, Lynda	85,946
Ollen, Joan	75,373
Olsen, M Joanne	82,238
Olson, Donna	81,354
Omelchenko, Kim	133,410
Oquinn, Jeanne	119,489
Orense, Sam (Mari)	76,750
Orriss, Cliff	$ 86,213
Oslie, Frances	50,727
Oster, Adrienne	67,134
Ouellette, Keith	114,232
Ovens, Lucie	74,239
Palidwor, Marion	85,008
Palmer, Janet	66,012
Panapasa, Lusia	98,450
Panton, David	55,328
Parker, Scott	83,821
Parkinson, Glenda	77,815
Pashniak, Sandra	57,788
Pauls, June	61,923
Paylor, Lindsay	86,047
Payne, Angie	83,972
Pecua, Toni	84,014
Pellerin, Sonja	95,931
Perkins, Jennifer	67,114
Perrin, Colleen	55,730
Peterson, Janet	94,129
Petruk, Lue	59,480
Petruk, Paula	77,635
Phipps, Carol	76,953
Phommavong, Dur	87,113
Piatt, Roger	71,927
Pidkowa, Barbara	116,673
Pidwerbeski, Janice	70,781
Pierce Argue, Glenda	60,794
Pilat, Mandy	70,246
Piper, Diane	104,338
Piper, Jaimie	63,959
Pitman Fisher, Patricia	94,515
Politeski, Linda	84,862
Pollock, Stephen	71,004
Poulsen, Nancy	69,940
Prescesky, Crystal	58,513
Prescesky, Jan	76,341
Preston, Colleen	92,958
Primeau, Gayla	52,221
Proctor, Leanne	70,321
Prystupa, Edna	70,125
Prystupa, Richard	50,250
Prystupa, Tracey	117,644
Ptolemy, Joyce	56,612
Pudlowski, Kent	72,398
Puech, Monique	72,641
Pyle, Nathan	69,922
Rackel, Mary	83,717

Personal Services (continued)

Rahm, Melanie	$ 61,191
Raiche Bogdan, Karen	83,968
Raiche, Chasity	84,302
Ramshaw, Merle	52,142
Rathke Kubik, Candace	70,225
Raw, Julie	72,384
Rawlyk, John	68,049
Reimer, Bruce	128,349
Reinhart, Cathy	84,859
Reschke Mckay, Ruth	51,638
Rewerts, Marsha	68,388
Rhinehart, Marcia	77,176
Riesen, Leland	61,636
Rindero, Gaylene	57,854
Rindero, Lynzie	94,377
Risling, Cora	59,521
Roach, Joyce	70,826
Robb, Kerri	58,053
Robertson, Eileen	50,407
Robinson, Alice	86,235
Robinson, Shelley	85,056
Roen, Sharla	76,551
Rogers, Ann	50,127
Rogers, Corrinne	68,390
Rohovich, Carol	85,303
Rokosh, Chantal	83,210
Rondeau, Monique	75,209
Rono, Summer	91,764
Roschker, Allison	59,824
Rose, Stacy	52,465
Ross, Debra	65,018
Ross, Nancy	63,311
Roszlein, Diane	147,381
Rotsey, Marilyn	81,982
Roussel, Debbie	59,251
Rowland, Mary	69,896
Roy, Melodie	101,377
Roy, Tricia	52,047
Rubidge, Glen	61,673
Rudrick, Jana	52,806
Rungis, Katrina	69,298
Rutherford, Joyce	84,805
Sack, Gail	51,982
Sack, Linda	98,998
Saemann, Kelli	56,998
Samson, Marilen	141,458
Sanche, Debra	85,079
Sankey, Sharon	129,066
Santos, Maryrose	$ 115,147
Savoie, Dallas	102,399
Sayers, Chad	89,255
Schlapkohl, Wayne	101,980
Schlekewy, Georgia	75,154
Schlenker, Tammy	54,289
Schmidt, Denise	52,530
Schneider, Lucille	57,019
Schoeman, Jana	57,541
Schommer, Donna	71,095
Schwab, Chelsey	64,811
Schwartz, Gina	55,385
Schweder, Laurie	99,865
Scott Olsen, Randa	100,310
Seabrook, Carlie	76,024
Seewalt, Evelyne	64,192
Senger, Heather	56,676
Seru, Mereamo	121,129
Sesay, Mariatu	106,878
Seymour, Judith	50,487
Shynkaruk, Linda	117,374
Sieben, Dianne	67,621
Sieben, Tracy	95,937
Siklenka, Brenda	53,812
Simmons, Brenda	54,905
Simmons, Kirsten	55,007
Simmons, Roy	55,305
Simon, Curtis	100,967
Simon, Doreen	84,684
Simon, Karen	92,186
Simons, Karen	66,234
Slager, Tammy	63,067
Slater, Carol	55,626
Smiley, Linda	94,204
Smith Jonsson, Lori	65,014
Smith, Laura	52,366
Smith, Laurie	50,115
Somerville, Kimberley Rae	72,456
Sonnega, Lois	118,238
Spencer, Coralee	108,816
Spencer, David	87,532
Spencer, Valarie	54,036
Squair, Laura	94,101
Stafford, Bonnie	79,662
Stapley, Jody	95,437
Startup, Ken	71,838
Stein, Eleanor	59,850
Steinacher, Roxanne	66,230

Personal Services (continued)

Steinborn, Laura	$ 92,156
Stephen, Mark	60,431
Stewart, Audrey	81,023
Stoebich, Haley	60,223
Stoebich, Irene	90,647
Stolte, David	65,777
Stone, Nadine	84,265
Strain, Rachel	64,603
Strueby, Gail	80,624
Styre, Sheila	64,650
Suberlak, Rhonda	98,445
Sutherland, Charene	52,250
Sutherland, Debra	63,225
Sutton, Richard	97,356
Swatschina, Kara	73,138
Swerid, Cora	63,410
Swerid, Judith	64,104
Sylvestre, Neal	120,435
Tait, Christine	64,710
Tallon, Brenda	53,686
Tan, Christian	74,538
Tarasoff, Lorna	56,724
Tatchell, Maureen	84,485
Tatton, Colleen	61,596
Taves, Kristi	71,536
Taylor, Leanne	58,575
Tayo, Alden	87,770
Tebay, Roberta	134,500
Ternes, Ronald	117,487
Thiele, Chris	102,642
Thomas, Patricia	93,794
Thorpe, Sheri	59,821
Timoner, Marietta	69,846
Tkatchuk, Sheila	102,256
Toews, Celeste	90,820
Tollefson, Judy	90,878
Tomiyama, Ethel	82,501
Tourand, Mathew	61,635
Toye, Colleen	97,472
Tran, Sam	103,696
Trew, Lorraine	72,956
Trotchie, Wendy	50,157
Tuiloma, Adi	115,752
Turcotte, Brenda	83,604
Turnbull, Brian	68,883
Ukrainetz, Stephanie	53,112
Uzelman, Glennys	139,987
Van Der Merwe, Lynette	115,995
Van Nortwick, Linda	$ 85,618
Van Stone, Mike	72,037
Vany, Angele	54,423
Vany, Yvonne	84,076
Veikle, Anita	55,589
Veikle, Joan	54,885
Veikle, Linda	67,215
Veltikold, Georgina	100,707
Vetter, Kendall	60,689
Vick, Bonnie	83,114
Victor, Ashley	85,667
Viel, Carissa	84,675
Vogel, Margaret	71,652
Wadhawan, Amandeep	60,822
Wagar, Marie	66,836
Wald, Melanie	66,351
Walker, Joyce	88,010
Wall, Elaine	97,896
Wall, Tonia	53,587
Wallace, Lucy	84,615
Walls, James	86,235
Walz, Kristin	84,864
Warren, Chris	67,227
Warren, Rochelle	64,205
Warrington, Natalie	92,955
Wasson, Lorraine	104,759
Wasyliw, Shelley	98,659
Watson, Carolyn	54,743
Watson, Catherine	82,421
Watson, Donna	103,116
Watt, Anne	142,186
Watt, Kelly	102,827
Watt, Rosanne	56,963
Watt, William	96,434
Weber, Bonnie	69,470
Weber, Daneen	70,665
Weinkauf, Laurie	52,036
Weran, Karen	67,227
Weum, Tessa	50,858
Whelan, Andrea	56,358
White, Tracey	72,014
Whittle, Kevin	82,259
Whittles, Shirley	57,890
Whyte, Sheila	85,031
Wick, Judith	81,579
Wiebe, Alison	85,223
Wiens, Gina	93,988
Wilford, Loucinda	90,429

Personal Services (continued)

Wilkes, Michelle	$ 76,483
Wilkie, Fred	67,004
Williamson, Donna	88,725
Williamson, Tanya	55,679
Winterhalt, Blaine	82,356
Winterholt, Catriona	55,514
Wladychka, Robert	98,539
Wolfe, Anita	82,946
Woloski, Roy	70,205
Wood, Candace	63,475
Woodworth, Kent	58,328
Woodworth, Tara	64,684
Woytiuk, Andrew	59,492
Wright, Christine	55,382
Wright, Joslyn	50,871

Wuttunee, Alice	$ 74,518
Wutzke, Danielle	68,336
Wyatt, Shirley	83,112
Wychopen, Janice	78,845
Yates, Donald	84,408
Yelland, Bernadett	78,570
Yonan, Jesay	55,226
Yuen, Wai	108,516
Zacharias, Leila	55,791
Zeleny, Tracy	103,685
Zepp, Dorothy	60,185
Zimmer, Joan	109,540
Zinger, Ronda	78,618
Znack, Kelsey	58,499

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

3130827 CANADA INC	$ 920,044
Abbott Laboratories Ltd	241,497
Advanced Electronic Solutions	91,534
Alberta Union of Public Employees	51,778
Alcon Canada Inc	577,680
Aodbt Architecture Interior	629,954
Arjohuntleigh	636,337
Bard Canada Inc	143,268
Battleford & District Cooperative	50,288
Battleford Physiotherapy	76,422
Baxter Corporation	71,025
Beckman Coulter Canada Inc	149,328
Biomed Recovery And Disposal	65,834
Biomerieux Canada Inc	194,010
Bio-Rad Laboratories	58,030
Bomimed Inc	207,261
Bunzlcanada Ltd	247,442
Can Med Healthcare	181,083
Canadian Corps Of Commissionaires	195,555
Canadian Council On Health Services Accreditation	51,253
Canadian Union of Public Employees Local 5111	1,109,432
Carestream Health Canada Company	112,396
Carnegie Health Consultants Inc	71,618

Chef Redi-Meats Inc	$ 131,092
Cherry Insurance	139,249
Christie Group Ltd	65,054
City Of Lloydminster	87,576
City Of North Battleford	313,448
Coca-Cola Bottling Ltd (Win)	58,575
Crestline	181,594
DHL Express (Canada) Ltd	57,050
Domco Construction Inc	92,913
Drager Medical Inc (Can)	217,258
Dynalife Dx	536,701
Eecol Electric (North Battleford) Ltd	84,650
Enterprise Resource Group	299,855
Epic Information Solutions	281,533
Fibertech Canada	194,102
Five Hills Health Region	54,689
Futuremed	607,576
Geanel Restaurant Supplies	187,460
G-M Pearson Biomedical Waste	74,010
Gordon Food Services	291,448
Grand & Toy	396,270
Great West Life Assurance Company	1,242,765
Health Sciences	145,890
Healthmetrx Canada	60,265
Hill-Rom Canada	50,956

Supplier Payments (continued)

Hospira Healthcare Corporation	$ 932,260
Ikon Office Solutions	168,785
Imperial Tobacco Canada	72,074
Intercity Packers Ltd	66,870
Interdynamix Systems	282,716
JLT Construction	56,837
Johnson & Johnson Medical Products	685,944
Johnson Controls	188,043
KCI Medical Canada Inc	122,083
Keir Surgical Ltd	56,923
Kemsol Products Ltd	134,984
KM Burgess Agencies Ltd	76,157
Lesmeister Construction Ltd	84,524
Lloydminster & District Co-op	114,190
Local Authorities Pension Plan	1,711,237
M C Healthcare Products Inc	297,338
Maquet Dynamed	93,550
Marsh Canada Ltd	363,449
McKesson Canada Corporation	1,042,887
McKesson Distribution Partners	411,463
Meadow Lake Associate Clinic	480,396
Medtronic Of Canada Ltd	59,201
Menssa Baert Cameron	77,770
Microsulis Medical Ltd	69,042
Minister Of Finance (PST)	239,898
Ministry Of Government Services	1,066,267
Ministry Of Health	50,286
Modern Janitorial Sales & Service	72,540
Nicole Enterprises Inc	185,130
Nightingale	101,577
North Battleford Medical Clinic	443,756
North SK Laundry & Support	1,980,407
Northwest School Division	50,925
Novartis Pharmaceuticals Cdn	278,731
Olympus Canada Inc	197,759
Ondeo Nalco Canada Co.	53,996
Ormed Information Systems Ltd	174,450
Ortho Clinical Diagnostic	183,838
Oxoid Canada Inc	102,799
Philips Medical Systems	1,971,060
Prairie Meats	161,732
Public Employees Superannuation	949,098
Public Service Superannuation	180,190
RBM Architecture Inc	51,724
Receiver General For Canada	36,052,379

Roche Diagnostics	$ 965,287
Russell Food Equipment Ltd (Saskatoon)	66,617
Saputo Foods Ltd	389,119
Saskatoon Health Region	109,376
Schaan Healthcare Products	1,938,640
Shell Energy North America (Can)	433,591
Shoppers Drug Mart (North Battleford)	194,619
Siemens Healthcare Diagnostics	58,457
SK Association of Health Organizations	8,091,069
SK Energy	1,109,308
SK Health Information	99,463
SK Healthcare Employee's Pension Plan	12,092,919
SK Medical Association	93,505
SK Power Corporation	1,533,133
SK Registered Nurses Association	222,322
SK Tel	1,605,433
SK Union of Nurses	581,610
Smith & Nephew	303,397
Smiths Medical Canada Ltd	158,808
Sonosite	123,830
Source Medical	698,314
Squirrel Cage Electric	66,841
Steris Canada Inc	302,076
Stevens Company Limited	351,341
Stryker Canada Inc	360,485
Sysco (Edmonton)	331,622
Sysco (Regina)	1,500,048
Sysmex Canada Inc	67,800
Teleflex Medical LP	76,641
Terracap Investments (Frontier)	259,775
Troy Sprinkler Ltd	50,033
Tyco	463,790
Ultra Print	69,619
Unisource Canada Inc	261,696
United Protection Services Inc	83,339
Van Houtte Coffee (Saskatoon)	63,064
Vandeventer, Gavin	57,385
Village Centre Childcare Inc	58,120
Vital Aire (Saskatoon)	147,422
Vitality Foodservice Canada Ltd	62,790
WBM Office Systems	1,091,822
Weston Bakeries Limited	63,184
Worker's Compensation Board-Alberta-Calgary	140,193
Worker's Compensation Board-Saskatchewan	1,964,655

Transfers

Listed, by program, are transfers to recipients who received $50,000 or more.

Battlefords Early Childhood	$ 108,236
Battlefords Family Health Centre	806,327
Canadian Mental Health Association	192,087
Children First Childcare	336,219
Early Childhood Services	74,880
East Central Regional Health Authority	435,165
Edwards Society Inc	379,501
Learning Tree Child Development	71,904
Libbie Young Centre	390,818
Lloydminster Emergency Care	1,222,506

Marshall's Ambulance	$ 648,000
MD Ambulance Care Ltd	304,625
Municipal Health Holdings	114,252
North SK River Municipal Health Holdings	256,866
Points West Lloydminster	1,569,136
Portage Vocational Society Inc.	98,348
Walter A. Slim Thorpe Recovery Centre	596,607
Villa Pascal	2,121,976
WPD Ambulance	1,138,111

Other Expenditures

Listed are payees who received $50,000 or more for expenditures not included in the above categories.

Abouhamra, Dr. M.	$ 68,013
Adelosoye, Dr. Oluremi	52,388
Alheit, Dr. B.	110,801
Ally, Dr. Muhammad	95,560
Bairagi, Dr. R.	159,985
Bedi, Dr. V	70,017
Bekker, Dr. Leon	364,892
Best, Dr. J	193,771
Blomerus, Dr. J.	113,338
Calitz, Dr. D.	178,696
Cavanagh Professional Corporation, TL	52,292
Cholin, Brenda Dr.	299,468
Corbett. Dr. M.	114,288
Craib Medical Professional Corporation	91,971
Dr. A. Prystupa Medical Professional Corporation	289,354
Dr. K. V. Ramachandran Medical Professional Corporation	365,177
Dr. Mari La Cock Medical Professional Corporation	151,926
Dr. N. Ramachandran Medical Professional Corporation	338,054
Du Plessis, Dr. H.	332,122
Duncan, Dr. D	342,886
Elghdewi, Dr. T.	62,352
Gohil, Dr. J.	229,779
Holtzhausen, Dr. P.	98,019
Ibarreta, Dr. N	298,403
Johnson, Dr. J	397,262
Johnson, Dr. Mervin	106,240
Khurana, Dr. MC	120,655
Kostic, Dr. Zlatko	65,815

Kruger, Dr. R.	$ 232,383
Landsberg, Dr. Hesli	50,008
Louw, Dr. R.	132,914
Mahmood, Dr. Y.	343,890
Marcelo, Dr. M.	327,535
Martin, Dr. R.	239,221
Mbaogu, Dr. M.	78,683
Mehboob, Dr. Mohammad	587,433
Morton, Dr. David	198,751
Murray, Dr. Bruce	126,471
Natha, Dr. Raj	324,889
Ntambazi, Dr. Matthew	82,556
Obikoya, Dr. Olubankole	311,834
Pentz, Dr. D. (Company)	338,978
Ranjan Medical Professional Corporation	262,500
Retief Medical Professional Corporation	337,671
Rossouw, Dr. S.	105,269
Shoaib, Dr. M.	228,325
Spangenberg, Dr. DF	70,977
Stander, Dr. I.	65,283
Steenkamp, Dr. J.W.	76,670
Timol, Dr. Farzana	137,559
Tootoosis, Dr. Janet	121,905
Tshiyombo, Dr. Tshala	66,072
Van Der Walt Medical Professional Corporation	290,478
Van DerMerwe, Dr. I.	131,398
Van Vuuren, Dr. H.	107,615
Viviers, Dr. W.	289,002
Vogt, Dr. Victoria	51,923
Wynand Van Der Merwe Inc	302,823

Management Report

May 14, 2010

PRAIRIE NORTH HEALTH REGION
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Prairie North Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority delegates the responsibility of reviewing the financial statements and overseeing Management's performance in financial reporting to the Finance Committee. The Finance Committee meets with the Authority, Management and the external auditors to discuss and review financial matters and recommends the financial statements to the Authority for approval. The Authority approves the annual report and, with the recommendation of the Finance Committee, approves the financial statements.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Finance Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

David Fan
Chief Executive Officer

Jerry Keller
Chief Financial Officer

2009-10 Financial Report

MENSSA BAERT CAMERON ODISHAW
CHARTERED ACCOUNTANTS

AUDITOR'S REPORT

TO THE BOARD OF DIRECTORS OF
PRAIRIE NORTH REGIONAL HEALTH AUTHORITY

TO THE MEMBERS OF THE LEGISLATIVE ASSEMBLY
PROVINCE OF SASKATCHEWAN

We have audited the statement of financial position of Prairie North Regional Health Authority (the "Authority") as at March 31, 2010 and the statements of operations and changes in fund balances and cash flows for the year then ended. These financial statements are the responsibility of the Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatements. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2010 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Menssa Baert Cameron Odishaw

Chartered Accountants

North Battleford, Saskatchewan
May 14, 2010

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION

Statement 1

as at March 31, 2010

	Operating Fund	Restricted Funds Capital Fund	Community Trust Fund	Total 2010	Total 2009 (Note 10)
ASSETS					
Current assets					
Cash and short-term investments	$ 20,670,842	$ 611,529	$ 1,168,158	$ 22,450,529	$ 34,881,497
Accounts receivable					
Saskatchewan Health - General Revenue Fund	213,560	1,150,000	-	1,363,560	125,081
Other	5,056,674	1,639,164	-	6,695,838	4,464,926
Inventory	2,312,303	-	-	2,312,303	1,583,810
Prepaid expenses	1,555,132	-	-	1,555,132	1,249,539
	29,808,511	3,400,693	1,168,158	34,377,362	42,304,853
Investments (Note 2, Schedule 2)	1,148,476	-	70,714	1,219,190	1,473,881
Capital assets (Note 3)	-	58,222,722	-	58,222,722	57,711,185
TOTAL ASSETS	$ 30,956,987	$ 61,623,415	$ 1,238,872	$ 93,819,274	$ 101,489,919
LIABILITIES AND FUND BALANCES					
Current liabilities					
Accounts payable	$ 5,560,152	$ 476,290	$ 7,519	$ 6,043,961	$ 6,650,856
Accrued salaries payable	12,163,261	-	-	12,163,261	4,773,212
Accrued vacation payable	11,073,560	-	-	11,073,560	10,257,310
Current portion of mortgages payable (Note 5)	-	361,602	-	361,602	350,807
Deferred revenue (Note 6)	2,835,911	-	-	2,835,911	2,765,557
	31,632,884	837,892	7,519	32,478,295	24,797,742
Deferred Salary	19,667	-	-	19,667	43,533
Mortgages payable (Note 5)	-	4,642,809	-	4,642,809	5,004,723
TOTAL LIABILITIES	31,652,551	5,480,701	7,519	37,140,771	29,845,998
Fund balances:					
Invested in capital assets	-	53,218,310	-	53,218,310	52,355,655
Externally restricted (Schedule 3)	-	1,146,777	1,231,353	2,378,130	16,111,793
Internally restricted (Schedule 4)	473,875	1,777,627	-	2,251,502	3,176,473
Unrestricted Fund Balances (Statement 2)	(1,169,439)	-	-	(1,169,439)	-
TOTAL FUND BALANCES (Statement 2)	(695,564)	56,142,714	1,231,353	56,678,503	71,643,921
TOTAL LIABILITIES AND FUND BALANCES	$ 30,956,987	$ 61,623,415	$ 1,238,872	$ 93,819,274	$ 101,489,919

Commitments (Note 4)
Mortgages (Note 5)
Pension Plan (Note11)

Approved by the Board of Directors:

Director

Director

The accompanying notes and schedules are part of these financial statements.

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
for the year ended March 31, 2010

Statement 2

	Operating Fund			Restricted Funds			
	Budget 2010	**2010**	2009	**Capital Fund 2010**	**Community Trust Fund 2010**	**Total 2010**	Total 2009
	(Note 12)		(Note 10)				(Note 10)
REVENUES							
Saskatchewan Health - General Revenue	$ 156,303,050	$ **151,684,265**	$ 146,504,534	$ **2,734,259**	$ **-**	$ **2,734,259**	$ 22,300,660
Other Provincial Revenue	6,104,333	**4,270,970**	885,831	**-**	**-**	**-**	-
Federal Government Revenue	170,030	**149,329**	168,667	**113,338**	**-**	**113,338**	125,195
Funding from Other Provinces	28,403,056	**28,442,896**	26,133,566	**180,791**	**-**	**180,791**	216,169
Special Funded Programs	2,589,600	**2,680,291**	2,463,052	**-**	**-**	**-**	-
Patient Fees	10,420,800	**10,308,186**	10,135,154	**-**	**-**	**-**	-
Out of Province Revenue (Reciprocal)	2,107,800	**1,725,828**	2,056,326	**-**	**-**	**-**	-
Out of Country Revenue	37,000	**64,169**	37,738	**-**	**-**	**-**	-
Donations	201,100	**316,742**	254,215	**1,397,595**	**6,170**	**1,403,765**	2,312,335
Investment Income	336,650	**154,788**	361,375	**91,032**	**11,928**	**102,960**	54,783
Ancillary Revenue	344,900	**301,727**	337,435	**-**	**-**	**-**	-
Recoveries	2,649,929	**2,924,977**	2,628,559	**58,624**	**-**	**58,624**	3,510
Other Revenue	1,250,700	**1,090,690**	1,142,764	**131,874**	**-**	**131,874**	26,400
TOTAL REVENUES	210,918,948	**204,114,858**	193,109,216	**4,707,513**	**18,098**	**4,725,611**	25,039,052
EXPENSES							
Province Wide Acute Care Services	22,560,800	**22,783,806**	20,215,503	**56,646**	**-**	**56,646**	58,962
Acute Care Services	69,247,632	**74,373,809**	65,518,636	**4,925,191**	**-**	**4,925,191**	4,955,363
Physician Compensation - Acute Care	7,493,743	**7,684,433**	7,083,708	**-**	**-**	**-**	-
Supportive Care Services	53,846,094	**52,848,170**	47,816,407	**1,141,300**	**98,538**	**1,239,838**	1,244,257
Home Based Service - Supportive Care	8,104,254	**7,492,346**	6,945,740	**89,869**	**-**	**89,869**	82,987
Population Health Services	5,113,237	**4,789,695**	4,754,771	**9,916**	**-**	**9,916**	19,672
Community Care Services	10,773,450	**10,318,382**	9,606,342	**-**	**-**	**-**	-
Home Based Services - Acute & Palliative	1,439,862	**1,411,970**	1,275,346	**-**	**-**	**-**	-
Primary Health Care Services	6,205,259	**6,493,800**	4,853,714	**848,104**	**-**	**848,104**	800,367
Emergency Response Services	5,280,389	**5,159,534**	5,046,583	**88,206**	**-**	**88,206**	92,123
Mental Health Services - Inpatient	2,676,821	**2,531,353**	2,296,669	**3,450**	**-**	**3,450**	4,820
Addiction Services - Residential	866,123	**902,266**	765,244	**7,580**	**-**	**7,580**	7,733
Physician Compensation - Community	5,307,223	**5,430,485**	3,855,279	**-**	**-**	**-**	-
Program Support Services	9,150,289	**10,538,302**	8,217,079	**817,579**	**-**	**817,579**	2,091,072
Special Funded Programs	2,517,944	**2,574,859**	2,354,963	**4,186**	**-**	**4,186**	4,709
Ancillary	328,976	**382,112**	244,375	**-**	**-**	**-**	-
TOTAL EXPENSES (Schedule 1)	210,912,096	**215,715,322**	190,850,359	**7,992,027**	**98,538**	**8,090,565**	9,362,065
EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES	$ 6,852	**(11,600,464)**	2,258,857	**(3,284,514)**	**(80,440)**	**(3,364,954)**	15,676,987
Fund balances, beginning of year		**225,808**	(944,486)	**70,106,320**	**1,311,793**	**71,418,113**	54,652,563
Interfund transfers (Note 14)		**10,679,092**	(1,088,563)	**(10,679,092)**	**-**	**(10,679,092)**	1,088,563
FUND BALANCES, END OF YEAR		$ **(695,564)**	$ 225,808	$ **56,142,714**	$ **1,231,353**	$ **57,374,067**	$ 71,418,113

The accompanying notes and schedules are part of these financial statements.

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOWS
for the year ended March 31, 2010

Statement 3

	Operating Fund		Restricted Funds			
	2010	2009 (Note 10)	**Capital Fund**	**Community Trust Fund**	**2010**	2009 (Note 10)
Cash (used in) provided by:	**Operating Activities**		**Financing and Investing Activities**			
Excess (deficiency) of revenues over expenses	**$ (11,600,464)**	$ 2,258,857	**$ (3,284,514)**	**$ (80,440)**	**$ (3,364,954)**	$ 15,676,987
Amortization	-	-	**7,690,877**	-	**7,690,877**	8,041,282
Gain on sale of capital assets	-	-	-	-	-	(19,264)
Net change in non-cash working capital (Note 7)	**5,315,770**	1,598,631	**(1,939,173)**	**20,509**	**(1,918,664)**	1,578,705
	(6,284,694)	3,857,488	**2,467,190**	**(59,931)**	**2,407,259**	25,277,710
Purchase of capital assets	-	-	**(8,202,414)**	-	**(8,202,414)**	(6,431,929)
Proceeds on sale of capital assets	-	-	-	-	-	22,782
Sale (purchase) of long-term investments	-	-	-	-	-	-
	-	-	**(8,202,414)**	-	**(8,202,414)**	(6,409,147)
Acquisition of debt	-	-	-	-	-	-
Repayment of debt	-	-	**(351,119)**	-	**(351,119)**	(376,935)
	-	-	**(351,119)**	-	**(351,119)**	(376,935)
Net (decrease) increase in cash and short-term investments during the year	**(6,284,694)**	3,857,488	**(6,086,343)**	**(59,931)**	**(6,146,274)**	18,491,628
Cash and short-term investments beginning of year	**16,276,444**	13,507,519	**17,376,964**	**1,228,089**	**18,605,053**	(975,138)
Interfund transfers (Note 14)	**10,679,092**	(1,088,563)	**(10,679,092)**	-	**(10,679,092)**	1,088,563
CASH AND SHORT-TERM INVESTMENTS, END OF YEAR (Schedule 2)	**$ 20,670,842**	$ 16,276,444	**$ 611,529**	**$ 1,168,158**	**$ 1,779,687**	$ 18,605,053
Supplementary Information:						
Cash interest paid	**$ -**	$ -	**$ 278,887**	**$ -**	**$ 278,887**	$ 298,092

The accompanying notes and schedules are part of these financial statements.

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2010

1. LEGISLATIVE AUTHORITY

The Prairie North Regional Health Authority (the Authority) operates under the *Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Prairie North Health Region, under section 27 of *The Act.* The Prairie North Regional Health Authority is a non-profit organization and is not subject to income and property taxes from the federal, provincial and municipal levels of government. The Prairie North Regional Health Authority is a registered charity under the *Income Tax Act* of Canada.

2. SIGNIFICANT ACCOUNTING POLICIES

These financial statements are prepared in accordance with Canadian Generally Accepted Accounting Principles and include the following significant accounting policies:

a) Health Care Organizations

i. The Authority has agreements with and grants funding to the following Health Care Organizations (HCOs) and third parties to provide health services:

Canadian Mental Health Association (Saskatchewan Division) Inc.
Edwards Society Inc.
Libbie Young Centre Inc.
Lloydminster Emergency Care Services Inc.
Marshall's Ambulance Care Ltd
Points West Living Lloydminster Inc.
Portage Vocational Society Inc.
Walter A. "Slim" Thorpe Centre Inc.
WPD Ambulance

Note 9 b) i. provides disclosure of payments to HCOs and third parties.

ii. The following affiliate is incorporated under the Non-Profit Corporations Act and is a registered charity under the Income Tax Act:

Société Joseph Breton Inc.

The Authority has entered into an affiliation agreement with and provides annual grant funding to this organization for the delivery of health care services. Consequently, the Authority has disclosed certain financial information regarding this affiliate.

This affiliate is not consolidated into the Authority's financial statements. Alternatively, Note 9 b) ii. provides supplementary information on the financial position, results of operations, and cash flows of the affiliate.

iii. The Lloydminster Region Health Care Foundation Inc., Battlefords Union Hospital Foundation Inc., Meadow Lake Hospital Foundation Inc. and Twin Rivers Health Care Foundation Inc. are incorporated under The Non-Profit Corporations Act and are registered charities under The Income Tax Act.

These financial statements do not include the financial activities of the Foundations. Alternatively, Note 9 b) iii. provides supplementary financial information of the Foundations.

2. SIGNIFICANT ACCOUNTING POLICIES (continued)

b) Fund Accounting

The accounts of the Authority are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i. Operating fund

The operating fund reflects the primary operations of the Authority including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, Alberta Health – General Revenue Fund and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii. Capital fund

The capital fund is a restricted fund that reflects the equity of the Authority in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health – General Revenue Fund designated for construction of capital assets and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii. Community Trust fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the Authority in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the Authority from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the Authority and the health corporations.

c) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Land improvements	2 ½% to 20%
Leasehold improvements	20%
Buildings	2 ½% to 20%
Equipment	5% to 100%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

Transfers of capital assets from a related party are recorded at the asset carrying amounts.

2. SIGNIFICANT ACCOUNTING POLICIES (continued)

e) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen and other. All inventories are held at the lower of cost as determined on the average cost basis or net realizable value.

f) Pension

Employees of the Authority participate in several multi-employer defined benefit pension plans or a defined contribution plan. The Authority follows defined contribution plan accounting for its participation in the plans. Accordingly, the Authority expenses all contributions it is required to make in the year.

g) Measurement Uncertainty

The financial statements have been prepared by management in accordance with Canadian Generally Accepted Accounting Principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in the period in which they become known.

h) Financial Instruments

The Authority has classified its financial instruments into one of the following categories: held-for-trading, loans and receivables, or other liabilities.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's-length transaction between knowledgeable and willing parties under no compulsion to act. Subsequent to initial recognition, held-for-trading instruments are recorded at fair value with changes in fair value recognized in income. Loans and receivables and other liabilities are subsequently recorded at amortized cost. The classifications of the Authority's significant financial instruments are as follows:

- Cash is classified as held-for-trading.
- Accounts receivable are classified as loans and receivables.
- Investments are classified as held-for-trading. Transaction costs related to held-for-trading financial assets are expensed as incurred,
- Short-term bank indebtedness is classified as held-for-trading.
- Accounts payable, accrued salaries and vacation payable are classified as other liabilities.
- Long-term debt is classified as other liabilities. The related debt premium or discount and issue costs are included in the carrying value of the long-term debt and are amortized into interest expense using the effective interest rate method.

As at March 31, 2010 (2009 – none), the Authority does not have any outstanding contracts or financial instruments with embedded derivatives.

The Authority is exposed to financial risks as a result of financial instruments. The primary risks the Authority may be exposed to are:

- Price risks which include: Currency risk – affected by changes in foreign exchange rates; Interest rate risk – affected by changes in market interest rates; and Market risk – affected by the changes in market prices, whether those changes are caused by factors specific to the individual instrument of the issuer or factors affecting all instruments traded in the market.
- Credit risk is the risk that one party to a financial instrument will fail to discharge on an obligation and cause the other party to incur a financial loss.
- Liquidity risk is the risk that an entity will encounter difficulty in raising funds to meet commitments associated with financial instruments. This may result from an inability to sell a financial asset quickly at close to its fair value.

2. SIGNIFICANT ACCOUNTING POLICIES (continued)

h) Financial Instruments (continued)

- Cash flow risk is the risk that future cash flows associated with a monetary financial instrument will fluctuate in amount.

The Authority has policies and procedures in place to mitigate these risks.

i) Replacement Reserves

The Authority is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. Schedule 4 shows the changes in these reserve balances during the year.

k) Allocation of Expenses

The Authority incurs a number of general support expenses that are common to the administration of the organization and each of its programs. The Authority allocates certain of its general support expenses by identifying the appropriate basis of allocating each component expense, and applies that basis consistently each year. Corporate governance and general management expenses are not allocated; other general support expenses are allocated on the following basis:

	Province-wide Acute Care Services	**Acute Care Services**	**Supportive Care Services**	**Community**
Materials Management		100%		
Centralized Scheduling	23%	49%	28%	
Insurance & Property Management		62%	36%	2%
Recruitment		56%	44%	
Membership and Payroll fees		56%	44%	
Professional Development		50%	50%	

3. CAPITAL ASSETS

	March 31, 2010			March 31, 2009
	Cost	Accumulated Amortization	**Net Book Value**	Net Book Value
Land	$ 1,563,822	$ -	$ **1,563,822**	$ 1,563,822
Land improvements	1,635,740	1,524,607	**111,133**	134,907
Leasehold improvements	451,011	199,184	**251,827**	326,597
Buildings	96,352,475	55,872,227	**40,480,248**	43,201,798
Equipment	61,816,754	47,300,319	**14,516,435**	12,245,765
Construction in progress	1,299,257	-	**1,299,257**	238,296
	$ 163,119,059	$ 104,896,337	$ **58,222,722**	$ 57,711,185

4. COMMITMENTS

a) Capital Assets Acquisitions

At March 31, 2010, commitments for acquisition of capital assets were $507,787 (2009 - $375,290). Also at March 31, 2010 commitments for capital construction in progress were $0 (2009 – $0).

b) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next five years are as follows:

2011	$ 535,074
2012	527,512
2013	531,582
2014	532,952
2015	533,933

c) Contracted Health Service Operators

The Authority continues to contract on an ongoing basis with private health service operators to provide health services within the Region similar to those provided in the year ending March 31, 2010.

5. MORTGAGES PAYABLE

Title of Issue	Interest Rate	Annual Repayment Terms	**2010**	2009
Cut Knife & District Special Care Home CMHC, due March 1, 2022	4.420%	$94,777 principal and interest, of which $26,245 is subsidized by Saskatchewan Housing Corporation. Yielding an effective interest rate of 1.47%. Mortgage renewal date - March 1, 2017	**$ 883,406**	$ 938,171
L. Gervais Memorial Health Centre CMHC, due February 1, 2022	4.390%	$43,101 principal and interest, of which $7,117 is subsidized by Saskatchewan Housing Corporation. Yielding an effective interest rate of 2.56%. Mortgage renewal date - June 1, 2015	**400,230**	425,320
Lakeland Lodge, St. Walburg CMHC, due March 1, 2026	8.000%	$32,973 principal and interest. Mortgage renewal date - March 1, 2026	**299,540**	308,551
Lloydminster & District Senior Citizens Lodge CMHC due December 1, 2020	5.140%	$179,634 principal and interest, of which $58,105 is subsidized by Saskatchewan Housing Corporation. Yielding an effective interest rate of 1.28%. Mortgage renewal date - December 1, 2013	**1,484,917**	1,586,193
Northland Pioneers Lodge, Meadow Lake CMHC, due January 1, 2017	5.375%	$8,521 principal and interest. Mortgage renewal date - January 1, 2017	**48,740**	54,503

5. MORTGAGES PAYABLE (continued)

Title of Issue	Interest Rate	Annual Repayment Terms	2010	2009
Northland Pioneers Lodge, Meadow Lake CMHC due April 1, 2022	4.420%	$87,291 principal and interest, of which $21,871 is subsidized by Saskatchewan Housing Corporation. Yielding an effective interest rate of 1.75%. Mortgage renewal date - March 1, 2017	**817,902**	868,159
The Battlefords River Heights Lodge Corp. CMHC, due January 1, 2017	5.375%	$12,470 principal and interest. Mortgage renewal date - January 1, 2017	**71,320**	79,754
The Battlefords River Heights Lodge Corp. CMHC, due November 1, 2027	8.000%	$76,047 principal and interest. Mortgage renewal date - November 1, 2027	**724,612**	742,847
Turtle River Nursing Home, Turtleford CMHC, due December 1, 2026	8.000%	$15,736 principal and interest. Mortgage renewal date - December 1, 2026	**146,218**	150,272
Prairie North Regional Health Authority, Home Care Building Lloydminster Credit Union, due December 1, 2011	2.500%	$79,320 principal and interest. Mortgage renewal date - December 1, 2011	**127,526**	201,760
			5,004,411	5,355,530
Less current portion			**361,602**	350,807
			$ 4,642,809	$ 5,004,723

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the Authority has pledged the related buildings of the special care homes as security.

Principal repayments required in each of the next five years are estimated as follows:

2011	$ 361,602
2012	359,937
2013	320,736
2014	337,684
2015	355,570
2016 and subsequent	3,268,882
	$ 5,004,411

6. DEFERRED REVENUE

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance end of Year
Sask Health Initiatives				
Aboriginal Health Partnership	$ 188,495	$ 121,608	$ 92,029	$ 158,916
Autism Workshop/Training	200,000	5,782	28,000	222,218
Catholic Family Services	24,770	24,770	-	-
Federal Accord -MH Home Care	58,823	58,823	-	-
HSAS -outstanding CB issues	-	-	30,250	30,250
Infection Control	188,443	-	-	188,443
Mental Health Approved Home	-	25,876	26,769	893
Mentorship Program	36,280	22,563	20,400	34,117
Nursing Safety Training	112,783	112,783	-	-
Philippine Nursing Grant	51,529	46,003	55,000	60,526
Physician relocation	-	-	25,000	25,000
Primary Care -Pharmacy	5,770	5,770	20,000	20,000
Primary Care -Maidstone Setup	-	3,528	125,000	121,472
Primary Care -Meadow Lake Team	-	83	28,333	28,250
Primary Care -Meadow Lake Setup	-	42,095	125,000	82,905
Primary Care Team Development	65,535	15,000	-	50,535
Primary Care -Turtleford Setup	120,630	120,630	-	-
Retention Grant -Compr Work	9,000	-	-	9,000
Retention Grant -Day Care	-	75,000	75,000	-
Retention Grant -ERIC	47,700	24,513	-	23,187
Retention Grant -Mentors	56,000	15,442	-	40,558
Retntion Grant -PTOT	-	25,367	51,509	26,142
Retention Grant -Meadow Lake RTC	-	2,421	75,000	72,579
Tobacco Enforcement Act	10,238	-	-	10,238
Workforce Planning	331,134	263,659	-	67,475
Workplace Wellness	223,555	-	-	223,555
	1,730,685	1,011,716	777,290	1,496,259
Non Sask Health Initiatives				
Acquired Brain Injury Funding	20,963	88,562	88,430	20,831
Integrated Wrap-Around	42,624	9,227	3,000	36,397
Kids First Program NW	360,111	865,365	710,848	205,594
Kids First Program NB	172,770	1,298,595	1,491,455	365,630
HQC -LEAN/RTC	-	256,751	474,396	217,645
Preceptorship SAHSN	-	1,734	24,525	22,791
SGI Community Grant (car seats)	-	1,857	2,000	143
SUN Partnership/Retention	412,583	-	-	412,583
Youth Criminal Justice (YRG 16)	25,821	61,159	93,376	58,038
	1,034,872	2,583,250	2,888,030	1,339,652
Total Deferred Revenue	$ 2,765,557	$ 3,594,966	$ 3,665,320	$ 2,835,911

These contributions are restricted for the provision of specific programs and are recognized as revenue in the year the related expenses are incurred.

7. NET CHANGE IN NON-CASH WORKING CAPITAL

	Operating Fund		Restricted Funds			
			Capital	**Community**	**Total**	Total
	2010	2009	**Fund**	**Trust Fund**	**2010**	2009
(Increase) Decrease in accounts receivable	**$ (2,253,788)**	$ 376,542	**$ (1,215,603)**	**$ -**	**$ (1,215,603)**	$ 570,664
(Increase) Decrease in inventory	**(728,493)**	89,414	**-**	**-**	**-**	-
(Increase) Decrease in prepaid expenses	**(305,593)**	(67,421)	**-**	**-**	**-**	-
(Increase) Decrease in financial instruments	**234,895**	(574,541)	**-**	**19,796**	**19,796**	10,553
Increase (Decrease) in accounts payable	**115,962**	(732)	**(723,570)**	**713**	**(722,857)**	997,488
Increase (Decrease) in accrued salaries	**7,366,183**	260,316	**-**	**-**	**-**	-
Increase (Decrease) in vacation payable	**816,250**	449,783	**-**	**-**	**-**	-
Increase (Decrease) in deferred revenue	**70,354**	1,065,270	**-**	**-**	**-**	-
	$ 5,315,770	$ 1,598,631	**$ (1,939,173)**	**$ 20,509**	**$ (1,918,664)**	$ 1,578,705

8. PATIENT AND RESIDENT TRUST ACCOUNTS

The Authority administers funds held in trust for patients and residents using the Authority's facilities. The funds are held in separate accounts for the residents at each facility. The total cash held in trust as at March 31, 2010 was $622,204 (2009 - $711,000). These amounts are not reflected in the financial statements.

9. RELATED PARTIES

These financial statements include transactions with related parties. The Authority is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. The Authority is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the Authority is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts resulting from these transactions are included in the financial statements. They are recorded at the standard rates charged by those organizations and are settled on normal trade terms.

9. RELATED PARTIES (continued)

a) Related Party Transactions (continued)

	2010	2009
Revenues		
Edward's Society Inc.	**$ 53,255**	$ 104,000
Ministry of Corrections, Public Safety & Policing	**61,159**	81,286
Ministry of Education	**2,261,290**	2,290,558
Ministry of Social Services	**522,095**	503,875
Saskatchewan Association of Health Organizations	**3,368,000**	-
Saskatchewan Housing Corp	**113,338**	113,338
Saskatchewan Worker's Compensation Board	**334,185**	439,582
SGI Canada Insurance Services Ltd.	**257,846**	247,491
	$ 6,971,168	$ 3,780,130
Expenditures		
Battleford Family Health Care	**$ 806,327**	$ 748,663
Five Hills Health Region	**44,260**	-
Ministry of Finance	**249,202**	135,138
Ministry of Government Services	**1,066,267**	1,003,889
Ministry of Health	**50,286**	132,057
North Sask. Laundry & Support Services Ltd.	**1,980,407**	1,912,132
Prince Albert Parkland Health Region	**100**	891,441
Public Employees Superannuation	**479,749**	473,286
Public Service Superannuation	**142,906**	166,539
Saskatchewan Association of Health Organizations	**6,895,683**	6,227,975
Saskatchewan Energy	**863,612**	735,837
Saskatchewan Government Insurance	**2,554**	12,694
Saskatchewan Health Care Employees Pension Plan	**7,466,602**	6,257,773
Saskatchewan Power Corporation	**961,430**	753,270
Saskatchewan Telecommunications	**1,605,434**	1,024,913
Saskatchewan Worker's Compensation Board	**1,947,101**	1,820,776
Saskatchewan Health Information Network (HISC)	**99,463**	-
Saskatoon Health Region	**57,821**	42,288
University of Saskatchewan	**48,638**	25,917
	$ 24,767,842	$ 22,364,588
Accounts Receivable		
Five Hills Health Region	**$ 12,881**	$ -
Keewatin Yatthé Health Region	**13,225**	112,177
Ministry of Social Services	**68,830**	42,706
Saskatchewan Association of Health Organizations	**1,060,000**	-
Saskatchewan Worker's Compensation Board	**1,031**	45,341
Societe Joseph Breton Inc.	**336,924**	322,066
	$ 1,492,891	$ 522,290
Prepaid Expenditures		
Saskatchewan Worker's Compensation Board	**$ 485,689**	$ 473,303
North Sask. Laundry & Support Services Ltd.	**112,310**	112,310
Saskatchewan Association of Health Organizations	**118,710**	118,710
	$ 716,709	$ 704,323

9. RELATED PARTIES (continued)

a) Related Party Transactions (continued)

	2010	2009
Accounts Payable		
Ministry of Government Services	**$ 37,648**	$ 20,477
North Sask. Laundry & Support Services Ltd.	**152,926**	168,344
Prince Albert Parkland Health Region	-	888,300
Public Service Superannuation	-	36,218
SaskEnergy Incorporated	**34,214**	8,474
Saskatchewan Association of Health Organizations	**399,381**	331,457
Saskatchewan Health Care Employees Pension Plan	**951,853**	772,598
Saskatchewan Power Corporation	**48,333**	2,090
Saskatchewan Telecommunications	**439,513**	86,579
Societe Joseph Breton Inc.	**198,068**	-
	$ 2,261,936	$ 2,314,537

In addition, the Authority pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

b) Health Care Organizations

i. Health Care Organizations (HCOs) and Third Parties

The Authority has also entered into conditional grant agreements with HCOs and third parties to provide health services.

These organizations receive operating funding from the Authority on a monthly basis in accordance with budget amounts approved annually. During the year, the Authority provided the following amounts to HCOs and third parties.

	2010	2009
Canadian Mental Health Association (Saskatchewan Division) Inc.	**$ 154,428**	$ 149,271
Edwards Society Inc.	**354,869**	332,567
Libbie Young Centre Inc.	**373,899**	367,802
Lloydminster Emergency Care Services (1989)	**781,308**	810,317
Marshall's Ambulance Care Ltd.	**629,500**	657,658
Points West Living Lloydminster Inc.	**1,569,136**	1,369,880
Portage Vocational Society Inc.	**67,623**	63,506
Walter A. "Slim" Thorpe Centre Inc.	**596,607**	478,782
WPD Ambulance	**1,119,900**	1,066,349
	$ 5,647,270	$ 5,296,132

ii. Affiliates

The Act makes the Authority responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the Authority. The Authority exercises significant influence over affiliates by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resource and finance/administrative functions with some affiliates. The following presentation discloses the amount of funds granted to the affiliate:

9. RELATED PARTIES (continued)

b) Health Care Organizations (continued)

ii. Affiliates (continued)

	2010	2009
Société Joseph Breton Inc.	**$ 2,346,639**	$ 2,041,055

Saskatchewan Health requires additional reporting in the following financial summaries of the affiliate as at March 31, 2009 and 2008 and for the years then ended:

	2010	2009
Balance Sheet		
Assets	**$ 1,375,841**	$ 980,880
Net Capital Assets	**1,008,868**	959,805
Total Assets	**$ 2,384,709**	$ 1,940,685
Total Liabilities	**$ 1,067,159**	$ 919,617
Total Net Assets (Fund Balances)	**1,317,550**	1,021,068
	$ 2,384,709	$ 1,940,685
Results of Operations		
Authority Grant	**$ 2,346,639**	$ 2,041,055
Other Revenue	**587,410**	558,916
Total Revenue	**2,934,049**	2,599,971
Salaries and Benefits	**2,272,551**	2,027,172
Other Expenses *	**365,016**	367,306
Total Expenses	**2,637,567**	2,394,478
Excess of Revenues over Expenses	**$ 296,482**	$ 205,493

* Other Expenses includes amortization of $56,760 (2009 - $71,679).

Cash Flows		
Cash from Operations	**$ 452,485**	$ 192,298
Cash used in Financing Activities	**(37,387)**	(37,392)
Cash used in Investing Activities *	**(20,479)**	(84,782)
Increase in cash	**$ 394,619**	$ 70,124

* Investing Activities includes capital purchases of $105,823 (2009 - $79,846).

9. RELATED PARTIES (continued)

b) Health Care Organizations (continued)

iii. Fundraising Foundations

Fundraising efforts are undertaken through non-profit business corporations known as Lloydminster Region Health Foundation Inc., Battlefords Union Hospital Foundation Inc., Meadow Lake Hospital Foundation Inc., and Twin Rivers Health Care Foundation Inc.

Lloydminster Region Health Foundation Inc.

The Authority has an economic interest in the Lloydminster Region Health Foundation Inc. (the "Lloydminster Foundation").

The Lloydminster Foundation's total expenses include contributions of $797,834 (2009 - $760,832) to Prairie North Regional Health Authority of which $4,599 (2009 - $485,784) is payable at March 31, 2010.

From time to time, the Lloydminster Foundation solicits funds which are used to purchase capital equipment for healthcare facilities within the Region.

The Authority provides office space and accommodations to the Lloydminster Foundation at no charge.

Battlefords Union Hospital Foundation Inc.

The Authority has an economic interest in the Battlefords Union Hospital Foundation (the "Battlefords Foundation").

The Battlefords Foundation's total expenses include contributions of $363,052 (2009 - $952,027) to Prairie North Regional Health Authority of which $129,838 (2009 - $29,033) is payable at March 31, 2010.

From time to time, the Battlefords Foundation solicits funds which are used to purchase capital equipment for healthcare facilities within the Region.

The Authority provides office space and accommodations to the Battlefords Foundation at no charge.

Meadow Lake Hospital Foundation Inc.

The Authority has an economic interest in the Meadow Lake Hospital Foundation Inc. (the "Meadow Lake Foundation").

The Meadow Lake Foundation's total expenses include contributions of $42,413 (2009- $99,980) to Prairie North Regional Health Authority. As at March 31, 2010, the Foundation held funds of $12,612 (2009 - $56,541) which will flow to the Authority for capital and departmental purchases.

Twin Rivers Health Care Foundation Inc.

The Authority has an economic interest in the Twin Rivers Health Care Foundation Inc. (the "Twin Rivers Foundation").

The Twin Rivers Foundation's total expenses include contributions of $302,556 (2009 - $465,445) to Prairie North Regional Health Authority of which $9,370 (2009 - $12,401) is payable at March 31, 2010. In addition, there is a balance payable to Prairie North Regional Health Authority of $1,142,691 pertaining to the local share of the Maidstone building project.

From time to time, the Twin Rivers Foundation solicits funds which are used to purchase capital equipment for healthcare facilities within the Region.

10. COMPARATIVE INFORMATION

Certain 2008-2009 balances have been reclassified to conform to the current year's presentation.

11. PENSION

Employees of the Authority participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multi-employer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

2. Public Service Superannuation Plan (a related party) - This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.

3. Public Employees' Pension Plan (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The Authority's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements.

4. Alberta Local Authorities Pension Plan (LAPP) – This is a defined benefit plan that is the responsibility of the Province of Alberta. The Authority's financial obligation to the plans is limited to making the required payments according to the current agreement.

Under the *Public Sector Pension Plans Act of Alberta*, passed in May 1993, the Alberta Government employers and employees accepted responsibility to pay the unfunded obligation. The total LAPP unfunded pension liability at December 31, 2008, which is the latest available financial information, is $4,413,971,000. The Region's share of the unfunded past service obligation is based on a percentage of pensionable payroll. The obligation will be partially reduced through increased contribution rates.

Pension expense is included in Compensation-Benefits in Schedule 1 and is equal to the contribution amount below.

	2010					**2009**
	SHEPP[1]	**PSSP**	**PEPP**	**LAPP**	**Total**	**Total**
Number of active members	2,126	15	141	225	2,507	2,439
Member contribution rate, percentage of	6.60 - 9.00%	7% -9%*		8.06 - 11.53%		
RHA contribution rate, percentage of salary	7.392-10.08%	416%		9.06 -12.52%		
Member contributions (thousands of dollars)	5,688	34	448	792	6,962	5,762
RHA contributions (thousands of dollars)	6,370	143	480	893	7,886	6,553

* Contribution rate varies based on employee group.

1. Active members include all employees of the RHA, including those on leave of absense as of March 31, 2010. Inactive members are transferred to SHEPP and not included in these results.

12. BUDGET

The Authority approved the 2009-10 budget plan on May 27, 2009.

13. FINANCIAL INSTRUMENTS

a) Significant Terms and Conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit Risk

The Authority is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the Authority's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

c) Fair Values

The following methods and assumptions were used to estimate the fair value of each class of financial instruments:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature:
  - Accounts receivable
  - Accounts payable
  - Accrued salaries and vacation payable
- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market prices.
- The fair value of mortgages payable and long term debt before the repayment required within one year, is $4,746,392 (2009 - $5,081,658) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies.

d) Unrecognized Financial Instruments

To meet the needs of the North Sask. Laundry & Support Services Ltd., the Board participates in an off balance sheet financial instrument which these financial statements do not fully reflect. The Board subjected this financial instrument to its normal credit standards, financial controls, and risk management and monitoring procedures. The Board has guaranteed the debts of the North Sask. Laundry & Support Services Ltd. to a maximum amount of $67,275.

14. INTERFUND TRANSFERS

Each year the Authority transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	2010			2009		
	Operating Fund	**Capital Fund**	**Community Trust Fund**	Operating Fund	Capital Fund	Community Trust Fund
Capital asset purchases	$ **(2,453,966)**	$ **2,453,966**	$ **-**	$ (1,122,494)	$ 1,122,494	$ -
SHC reserves	**33,058**	**(33,058)**	**-**	33,931	(33,931)	-
Mortgage payments	**-**	**-**	**-**	-	-	-
Ministry directed transfer	**13,100,000**	**(13,100,000)**	**-**	-	-	-
	$ **10,679,092**	$ **(10,679,092)**	$ **-**	$ (1,088,563)	$ 1,088,563	$ -

15. HEALTH SERVICES PROVIDED TO ALBERTA RESIDENTS ON BEHALF OF EAST CENTRAL HEALTH (ALBERTA HEALTH SERVICES)

General

The Authority is responsible for providing health services to Saskatchewan residents. The Authority provides health services to Alberta residents under the Bi-Provincial Lloydminster Health Services Agreement with East Central Health (ECH), and the agreement carries forward under Alberta Health Services. This agreement sets out the general principles and processes with respect to:

i) The health services to be provided and the service areas and/or populations to be served by the Authority on behalf of ECH;

ii) The operating, equipment and capital funding and any other related payments to be provided by ECH to the Authority;

iii) The management and operation of the Dr. Cooke Extended Care Centre by the Authority;

iv) The management and direction of Dr. Cooke Extended Care Centre employees by the Authority; and

v) The reporting and accountability requirements in respect of the services provided by the Authority on behalf of the ECH. Specific details on some of these matters have to be concluded as addenda to this agreement.

Dr. Cooke Extended Care Centre

The assets of the legal entity known as Dr. Cooke Extended Care Centre were transferred to ECH under the authority of Order In Council #106/95 dated March 31, 1995.

The Authority manages and operates this facility on behalf of ECH.

These financial statements include operating assets, liabilities, revenue and expenses of the Dr. Cooke facility as follows:

15. HEALTH SERVICES PROVIDED TO ALBERTA RESIDENTS ON BEHALF OF EAST CENTRAL HEALTH (ALBERTA HEALTH SERVICES) (continued)

Dr. Cooke Extended Care Centre *(continued)*

	2010	2009
Balance Sheet		
Cash and Short-Term Investments	**$ 13,687**	$ 12,401
Accounts Receivable	**25,627**	25,334
Inventory	**14,938**	13,771
Prepaid Expenses	**-**	-
Total Assets	**$ 54,252**	$ 51,506
Accounts Payable	**$ 106,865**	$ 90,382
Accrued Salaries	**182,620**	160,055
Accrued Vacation Pay	**457,096**	465,095
Fund Deficit	**(692,329)**	(664,026)
Total Liabilities and Fund Balance	**$ 54,252**	$ 51,506
Results of Operations		
ECH Grant	**$ 6,696,801**	$ 6,377,903
Other Revenue	**1,943,817**	1,726,883
Total Revenue	**8,640,618**	8,104,786
Salaries & Benefits	**7,950,933**	7,229,881
Other Expenses	**1,619,113**	1,570,953
Total Expenses *	**9,570,046**	8,800,834
Excess of Expenses over Revenue	**$ (929,428)**	$ (696,048)

* Expenses include the Authority's allocated costs of $955,119 (2009 - $751,048).

The Authority has the use of the capital assets of the Dr. Cooke facility for no charge. Neither the capital assets nor the related amortization expense are reflected in these financial statements because the assets continue to be the property of ECH.

16. VOLUNTEER SERVICES

The operations of the Authority utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

17. CONTINGENCIES

Lawsuits

The Authority is currently involved in four legal claims. The Authority's insurance coverage would be adequate to cover the claims. The outcome of these legal claims cannot be determined at this time and, accordingly, no liability has been recorded in these financial statements.

Joint Job Evaluation Reconsiderations

The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU, and SGEU allowed for an appeal (or reconsideration) process. As a result, employees and employers filed appeals, and recommendations on these appeals were completed. Major disputes were heard before the JJE Dispute Resolution Tribunal (Tribunal). A number of individual issues remain relating to recommendations not agreed to. Outcomes of the Tribunal resulted in further issues where additional classifications were created and duties of existing classifications were revised. A process to deal with the issues is being developed by the unions and SAHO and eventually the specific decisions will be determined by a third party. The results of outstanding issues are currently unknown. These costs cannot be reasonably determined at this time.

Collective Agreements

The CUPE contract expired March 31, 2008 and, while the proposed settlement has not been agreed to or ratified by the union, an estimate for the CUPE retroactive settlement ($6,545,432) has been accrued in the financial statements. The HSAS contract expired March 31, 2009 and negotiations are ongoing. An estimate of the settlement is not determinable at this time. The SUN contract is in effect until March 31, 2012.

Schedule 1

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENSES BY OBJECT
for the year ended March 31, 2010

	Budget 2010	Actual 2010	Actual 2009
Operating:			
Board costs	$ 126,130	**$ 107,389**	$ 103,829
Compensation - Benefits	23,853,164	**23,850,599**	20,789,163
Compensation - Salaries	126,672,000	**129,584,845**	115,418,530
Diagnostic imaging supplies	470,650	**386,631**	435,620
Drugs	2,865,750	**2,984,981**	2,747,773
Food	3,483,660	**3,793,569**	3,401,813
Grants to ambulance services	2,558,100	**2,530,708**	2,534,324
Grants to third parties	5,207,949	**5,483,200**	4,767,863
Housekeeping and laundry supplies	1,248,895	**1,229,771**	1,140,828
Information technology contracts	668,960	**1,233,398**	676,179
Insurance	414,000	**381,657**	391,125
Interest	17,000	**20,494**	17,022
Laboratory supplies	1,591,470	**1,680,499**	1,640,529
Medical and surgical supplies	4,901,455	**5,303,047**	4,670,081
Medical remuneration and benefits	12,633,867	**12,871,838**	10,727,309
Office supplies and other office costs	1,737,414	**1,694,776**	1,678,185
Other	3,793,775	**4,034,562**	2,756,261
Other referred out services	6,048,210	**5,598,390**	5,236,010
Professional fees	1,231,310	**1,307,101**	1,001,456
Prosthetics	677,260	**389,199**	370,292
Purchased services	411,200	**502,767**	520,498
Rent/lease costs	1,122,900	**1,898,417**	1,215,106
Repairs and maintenance	1,345,360	**1,375,823**	1,464,010
Service contracts	1,276,047	**1,427,632**	1,230,565
Travel	2,713,320	**2,500,009**	2,227,589
Utilities	3,842,250	**3,544,020**	3,688,399
	$ 210,912,096	**215,715,322**	190,850,359
Restricted:			
Amortization		**7,690,877**	8,041,282
Mortgage Interest Expense		**276,150**	296,039
Other		**123,538**	1,024,744
		8,090,565	9,362,065
		$ 223,805,887	$ 200,212,424

Schedule 2

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
SCHEDULE OF CASH AND INVESTMENTS
as at March 31, 2010

	Fair Value	Maturity	Effective Rate
Restricted Investments* -Capital Fund			
Cash and Short Term			
Chequing and Savings:			
Meadow Lake CIBC	$ 297,848		
Synergy Credit Union, Lloydminster	313,681		
	611,529		
Restricted Investments* -Community Fund			
Cash and Short Term			
Chequing and Savings:			
Edam Credit Union	43,462		
Goodsoil Credit Union	43,572		
Innovation Credit Union, Cut Knife	140,861		
Innovation Credit Union, Meadow Lake	406,298		
Innovation Credit Union, North Battleford	187,344		
Maidstone CIBC	34,474		
R.M. of Frenchman Butte	9,592		
Synergy Credit Union, Lashburn	24,344		
Synergy Credit Union, Lloydminster	18,914		
Synergy Credit Union, Marshall	41,324		
Synergy Credit Union, Neilburg	54,502		
Synergy Credit Union, St. Walburg	26,950		
Town of Cut Knife	41,139		
Edam Credit Union	20,001	14-Apr-10	0.15%
Manulife	45,120	23-Apr-10	1.65%
Edam Credit Union	15,199	01-Dec-10	4.00%
Edam Credit Union	15,062	02-Dec-10	1.25%
	1,168,158		
Long Term			
Edam Credit Union	20,265	01-Dec-11	4.00%
Edam Credit Union	50,449	22-Jan-13	4.75%
	70,714		
Total Restricted Investments -Community Fund	1,238,872		
Subtotal	1,850,401		

* Restricted Investments consist of:

-Community Generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and

-Replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation and/or Saskatchewan Housing Corporation (an agency of the Ministry of Social Services) held in the Capital Fund.

Schedule 2 (continued)

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
SCHEDULE OF CASH AND INVESTMENTS
as at March 31, 2010

	Fair Value	Maturity	Effective Rate
Balance Forward	$ 1,850,401		
Unrestricted Investments -Operating Fund			
Cash and Short Term			
Innovation Credit Union	3,490,153		
Synergy Credit Union	14,846,710		
Turtleford Credit Union	33,524		
Equities	300		
Petty Cash	13,867		
Manulife	27,785	22-Apr-10	1.65%
Manulife	32,254	23-Apr-10	1.65%
Vancity GIC	100,889	09-Jun-10	1.10%
Canadian Western GIC	100,970	10-Jun-10	1.20%
Government of Canada	210,392	20-Jun-10	5.50%
Synergy Credit Union	124,523	02-Jul-10	0.90%
Manulife	55,883	22-Jul-10	1.00%
Synergy Credit Union	83,028	15-Sep-10	1.05%
Concentra GIC	100,690	04-Oct-10	1.40%
Concentra GIC	100,514	17-Nov-10	1.40%
Canadian Western GIC	45,701	17-Nov-10	1.00%
Vancity GIC	100,496	17-Nov-10	1.35%
Province of Ontario	52,755	19-Nov-10	6.10%
Synergy Credit Union	128,306	14-Dec-10	1.30%
Synergy Credit Union	233,272	29-Dec-10	1.30%
Synergy Credit Union	419,241	29-Dec-10	3.75%
Synergy Credit Union	159,422	12-Jan-11	1.30%
Term Deposit - Servus Credit Union	210,167	n/a	2.35%
	20,670,842		
Long Term			
Credit Union Member shares	5		
Member equity	68,006		
Synergy Credit Union	178,319	11-Jun-11	1.30%
Synergy Credit Union	108,418	16-Jun-11	1.10%
Government of Canada	164,772	15-Dec-11	3.95%
Synergy Credit Union	209,355	29-Dec-11	3.70%
Synergy Credit Union	209,482	29-Dec-12	3.75%
Synergy Credit Union	210,119	29-Dec-13	4.00%
	1,148,476		
Total Unrestricted Investments -Operating Fund	21,819,318		
Total Investments	$ 23,669,719		
Restricted and Unrestricted Totals			
Total Cash & Short Term	22,450,529		
Total Long Term	1,219,190		
Total Investments	$ 23,669,719		

Schedule 3

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTRICTED FUND BALANCES
for the year ended March 31, 2010

COMMUNITY TRUST FUND EQUITY

Trust Name	Balance Beginning of Year	Investment & Other Revenue	Donations	Expenses	Withdrawals	**Balance End of Year**
Pine Island Lodge	$ 9,616	$ 87	$ -	$ -	$ -	**$ 9,703**
L. Gervais Memorial Health Centre	87,541	919	-	-	-	**88,460**
Northland Pioneer Lodge	404,359	1,073	-	-	-	**405,432**
Lady Minto Health Centre	156,229	4,488	8,170	(713)	-	**168,174**
Saskatchewan Hospital	191,293	495	(2,000)	-	-	**189,788**
River Heights Lodge	6,181	134	-	-	-	**6,315**
R.M. of Cut Knife	140,351	510	-	(48,000)	-	**92,861**
R.M. of Frenchman Butte	9,550	42	-	-	-	**9,592**
R.M. of Hillsdale	102,061	441	-	-	-	**102,502**
R.M. of Mervin	43,692	1,683	-	(45,375)	-	**-**
R.M. of Wilton	38,928	1,294	-	-	-	**40,222**
Town of Cut Knife	41,013	125	-	-	-	**41,138**
Town of Lashburn	24,168	176	-	-	-	**24,344**
Town of St. Walburg	26,747	203	-	-	-	**26,950**
Village of Marshall	5,547	3	-	(4,450)	-	**1,100**
Village of Rockhaven	15,142	44	-	-	-	**15,186**
Village of Waseca	9,375	211	-	-	-	**9,586**
	$ 1,311,793	$ 11,928	$ 6,170	$ (98,538)	$ -	**$ 1,231,353**

CAPITAL FUND

	Balance Beginning of Year	Investment & Other Revenue	Capital Grant	Expenses	Withdrawals/ Transfers	**Balance End of Year**
Ministry of Health -Capital Projects	$ 14,800,000	$ 71,948	$ -	$ (625,171)	$ (13,100,000)	**$ 1,146,777**
	$ 14,800,000	$ 71,948	$ -	$ (625,171)	$ (13,100,000)	**$ 1,146,777**
Total Externally Restricted Funds	$ 16,111,793	$ 83,876	$ 6,170	($723,709)	($13,100,000)	**$ 2,378,130**

Schedule 4

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES
for the year ended March 31, 2010

	Balance Beginning of Year	Investment Income Allocated	Annual Allocation	Other Income	Operating Expenses	Capital Expenses	**Balance End of Year**
Capital							
SHC Replacement Reserves							
Cut Knife & District Special Care Home Inc.	$ 61,307	$ 3,065	$ 9,340	$ -	$ -	$ (25,214)	**$ 48,498**
L.Gervais Memorial Health Centre	-	-	4,500	-	-	(4,500)	**-**
Lakeland Lodge	53,192	2,660	6,500	-	(4,672)	-	**57,680**
Lloydminster and District Senior Citizens Lodge	-	-	13,000	-	-	(13,000)	**-**
Northland Pioneers Lodge	161,153	8,058	19,523	-	(315)	-	**188,419**
River Heights Lodge	17,488	874	15,735	-	(27,638)	-	**6,459**
Turtle River Nursing Home	71,869	3,593	-	-	(433)	-	**75,029**
Total SHC	365,009	18,250	68,598	-	(33,058)	(42,714)	**376,085**
Other Internally Restricted Funds							
Capital Funds	$ 1,086,006	-	-	-	-	(1,086,006)	**-**
Donation Funds	774,608	-	-	100,722	-	(106,121)	**769,209**
ER Renovation Reserve	309,000	-	-	-	-	-	**309,000**
Northland Pioneers Lodge Reserve	297,014	834	-	-	-	-	**297,848**
Reserve for Ambulance	119,028	-	20,750	-	-	(114,293)	**25,485**
Total Capital	2,950,665	19,084	89,348	100,722	(33,058)	(1,349,134)	**1,777,627**
Operating							
Other Internally Restricted Funds							
Donation Funds	225,808	-	-	350,206	(102,139)	-	**473,875**
Total Operating	225,808	-	-	350,206	(102,139)	-	**473,875**
Total Internally Restricted Funds	$ 3,176,473	$ 19,084	$ 89,348	$ 450,928	$ (135,197)	$ (1,349,134)	**$ 2,251,502**

The other internally restricted capital fund balance represents cash available to the Authority and restricted by the Authority which has been earned within that fund or transferred to the fund from the Operating Fund or the Community Trust Fund.

The Authority established an internally restricted reserve for Emergency Response Services enhancements. This reserve can be used for either operating or capital expenditures and is at the discretion of the Authority.

Schedule 5

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY

BOARD MEMBER REMUNERATION
for the year ended March 31, 2010

	2010							2009
Board Members	Retainer	Per Diem	Travel Time	Travel & Sustenance	Other Expenses	CPP	**Total**	Total
Chairperson								
O'Grady, Bonnie	$ 9,960	$ 19,444	$ 10,734	$ 6,860	$ 50	$ 1,784	**$ 48,832**	$ 40,523
Board Member								
Berry, Joanne	-	5,738	2,325	3,033	-	306	**11,401**	933
Christensen, Ben	-	3,500	925	2,152	90	152	**6,819**	5,410
Churn, Gillian	-	3,200	1,075	1,016	-	-	**5,291**	1,577
Clements, Ross	-	1,200	500	682	-	44	**2,426**	606
Conacher, Muriel	-	-	-	-	-	-	-	6,218
Duncan, Donald	-	-	-	-	-	-	-	3,600
Esterby, David	-	-	-	-	-	-	-	7,150
Fiddler, Flora	-	-	-	-	-	-	-	2,355
Fiddler, Richard	-	2,000	1,138	1,569	-	95	**4,802**	2,128
Helm, Vicki	-	-	-	-	-	-	-	3,189
Hill, Joan	-	-	-	-	-	-	-	8,472
Lamon, Terry	-	3,600	1,088	1,430	-	165	**6,283**	1,789
Lundquist, Helen	-	4,250	1,325	1,288	-	185	**7,049**	1,744
Pike, Jane	-	3,188	1,125	1,270	-	134	**5,716**	2,321
Sauer, Leanne	-	1,550	638	485	-	59	**2,731**	606
Speer, Donald	-	2,200	500	597	-	-	**3,297**	1,477
Wouters, Glenn	-	-	-	-	-	-	-	3,624
Young, Colleen	-	1,850	213	390	-	62	**2,515**	969
Young, Donald	-	-	-	-	-	-	-	4,978
Zaychkowsky, Michael	-	-	-	-	-	-	-	5,197
Total	$ 9,960	$ 51,719	$ 21,584	$ 20,772	$ 140	$ 2,987	**$ 107,162**	$ 104,866

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES, AND SEVERANCE
for the year ended March 31, 2010

	2010					2009		
Senior Employees	Salaries[1]	Benefits and Allowances[2]	Sub-total	Severance Amount	**Total**	Salaries, Benefits and Allowances	Severance	Total
Fan, David - CEO	$ 198,310	$ 84	$ 198,394	$ -	**$ 198,394**	$ 245,199	$ -	$ 245,199
Chabot, Lionel - VP	139,987	84	140,071	-	**140,071**	136,835	-	136,835
Denis, Irene - VP	139,987	84	140,071	-	**140,071**	150,851	-	150,851
Jiricka, Barbara - VP	139,987	84	140,071	-	**140,071**	135,992	-	135,992
Keller, Jerry - VP	139,987	84	140,071	-	**140,071**	157,503	-	157,503
Uzelman, Glennys - VP	139,987	84	140,071	-	**140,071**	138,596	-	138,596
Total	$ 898,245	$ 504	$ 898,749	$ -	**$ 898,749**	$ 964,976	$ -	$ 964,976

(1) Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration.

(2) Benefits and allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education for personal interest, non-accountable relocation benefits, personal use of: an automobile, cell-phone, computer, etc., as well as any other taxable benefits.

Appendix A – Acronyms

AB	Alberta	**FASD**	Fetal Alcohol Spectrum Disorder
ACLS	Advanced Cardiac Life Support	**FSIN**	Federation of Saskatchewan Indian Nations
ADT	Admission, Discharge, Transfer	**FTE(s)**	Full-Time Equivalent(s)
AHSB	Alberta Health Services Board	**GP**	General Practitioner
AHTF	Aboriginal Health Transition Fund	**HCO(s)**	Health Care Organizations(s)
AIDS	Acquired Immune Deficiency Syndrome	**HICS**	Health Incident Command System
ALS	Advanced Life Support	**HISC**	Health Information Solutions Centre
AUPE	Alberta Union of Provincial Employees	**HIV**	Human Immunodeficiency Virus
BCP	Business Continuity Plan	**HQC**	Health Quality Council
BDCC	Battlefords District Care Centre	**HRSDC**	Human Resources & Social Development Canada
BFHC	Battlefords Family Health Centre	**HSAS**	Health Sciences Association of Saskatchewan
BMI	Body Mass Index	**HVAC**	Heating, Ventilation and Air Conditioning
BTC	Battlefords Tribal Council	**ICC**	Infection Control Coordinator
BUH	Battlefords Union Hospital	**IT**	Information Technology
BUHF	Battlefords Union Hospital Foundation	**KYHR**	Keewatin Yatthe Health Region
CAN(s)	Community Advisory Network(s)	**LPN**	Licensed Practical Nurse
CBO	Community-Based Organization	**LRHF**	Lloydminster Region Health Foundation
CCHSA	Canadian Council on Health Services Accreditation	**MAC**	Medical Advisory Committee
CDAD	Clostridium Difficile	**MDS/RUGS**	Minimal Data Set/Resource Utilization Group
CDM	Chronic Disease Management	**MHO**	Medical Health Officer
CDMC	Chronic Disease Management Collaborative	**MI**	Medical Imaging
CEO	Chief Executive Officer	**MLTC**	Meadow Lake Tribal Council
CHAN	Community Health Advisory Network	**MMHH**	Maidstone Municipal Health Holdings
CLD	Community Living Division	**MOU**	Memorandum of Understanding
CLXT	Combined Laboratory & X-Ray Technologist	**MRI**	Magnetic Resonance Imaging
CMHA	Canadian Mental Health Association	**MRSA**	Methicillin Resistant Staphylococcus Aureus
CQI	Continuous Quality Improvement	**MWFR**	Midwest Food Resources
CSQI	Continuous Safety & Quality Improvement	**NEPS**	Nursing Education Programs of Saskatchewan
CT	Computed Tomography	**NP**	Nurse Practitioner
CUPE	Canadian Union of Public Employees	**NPL**	Northland Pioneers Lodge
C&Y	Child and Youth	**NSL**	North Sask Laundry (& Support Services Ltd)
DCECC	Dr. Cooke Extended Care Centre	**NSRMHH**	North Saskatchewan River Municipal Health Holdings
DI	Diagnostic Imaging	**OH&S**	Occupational Health and Safety
ECH	East Central Health (Region, Alberta)	**OOS**	Out-of-Scope
ECP	Early Childhood Psychology	**PART**	Professional Assault Response Training
EFAP	Employee and Family Assistance Program	**PHC**	Primary Health Care
EMS	Emergency Medical Services	**PHI**	Public Health Inspector
EMT	Emergency Medical Technician	**PNHR**	Prairie North Health Region
ESP	Employee Scheduling Program	**PNRHA**	Prairie North Regional Health Authority

Appendix A – Acronyms *(continued)*

QBS	Quality As A Business Strategy	**SHNB**	Saskatchewan Hospital North Battleford
QCC	Quality of Care Coordinator	**SIAST**	Saskatchewan Institute of Applied Sciences and Technology
RHA	Regional Health Authority	**SIRP**	Saskatchewan Integrated Renal Program
RHL	River Heights Lodge	**SLP**	Speech Language Pathology
RIC	Regional Intersectoral Committee	**SSCN**	Saskatchewan Surgical Care Network
RM	Rural Municipality	**SUN**	Saskatchewan Union of Nurses
RN	Registered Nurse	**TCA**	Tobacco Control Act
RN/NP	Registered Nurse/Nurse Practitioner	**TIPS**	Therapeutic Integrated Paediatrics Services
ROP	Required Organizational Practice	**TLR**	Transfer, Lift and Repositioning
RPN	Registered Psychiatric Nurse	**UNA**	United Nurses of Alberta
RW	Representative Workforce	**VP**	Vice President
SAHO	Saskatchewan Association of Health Organizations	**VRE**	Vancomycin Resistant Enterococcus
SARS	Severe Acute Respiratory Syndrome	**WCB**	Workers' Compensation Board
SEP	Single Entry Point	**WNV**	West Nile Virus

Appendix B – Resources & Further Information

Numerous sources and resources were used in the compilation of this report. Some of the sources have been cited in the body of the document and are provided again here. You are welcome and encouraged to access these resources for additional information about Prairie North Health Region, the Saskatchewan Ministry of Health, and any other agencies, organizations, websites or publications in which you are interested.

Prairie North Health Region **www.pnrha.ca**

Publications: Health Status Report 2008
Dr. Cooke Extended Care Centre Continuing Care Facility Functional Program Plan – FINAL REPORT
Lloydminster Hospital Functional Program & Master Plan- FINAL REPORT
PNHR Strategic Plan 2007-2010
PNRHA Key Activity Indicators Reports 2005-06; 2006-07; 2007-08; 2008-09; & 2009-10
Annual Reports 2008-09; 2007-08; 2006-07; 2005-06; 2004-05; 2003-04
Board Notes September 2002 to March 2010
News Releases: PNHR Current Releases 2010
News Archives 2009, 2008, 2007, and 2006

Government of Saskatchewan – Ministry of Health **www.health.gov.sk.ca**

Patient First Review http://www.health.gov.sk.ca/patient-first-review
Saskatchewan Surgical Initiative http://www.health.gov.sk.ca/saskatchewan-surgical-initiative
News Releases: March 2009 – May 2010
Saskatchewan Ministry of Health Covered Population Reports 2009, 2008, 2007, 2006, 2005, 2004, 2003.
Saskatchewan Ministry of Health Performance Management Accountability Indicators – May 15, 2009
Saskatchewan Ministry of Health Performance Management Accountability Indicators Data Tables – May 15, 2009

Health Quality Council **www.hqc.sk.ca**

Quality Insight report 2008
http://www.hqc.sk.ca/download.jsp?Rs9xoqL5ehJjpTuPbFF+UDBIzBf0QfLQkUwK4QBZaJtXhmSAKqZibA==

City of Lloydminster **www.city.lloydminster.ab.ca**

City Profile – Population – 2009 City Census
http://www.city.lloydminster.ab.ca/docs/plan/census/2009%20census/census2009results.html

Statistics Canada **www.statcan.ca**

Statistics Canada, 2006 Census of Population

Statistics Canada. 2007. *Prairie North Regional Health Authority, Saskatchewan* (table). *2006 Community Profiles*. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007.
http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E

Statistics Canada, 2006 Census of Population Aboriginal Population Profile

Statistics Canada. 2007. *Prairie North Regional Health Authority, Saskatchewan* (table). *Aboriginal Population Profile*. 2006 Census. Statistics Canada Catalogue no. 92-594-XWE. Ottawa. Released January 15, 2008.
http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-594/index.cfm?Lang=E

How to Reach Us

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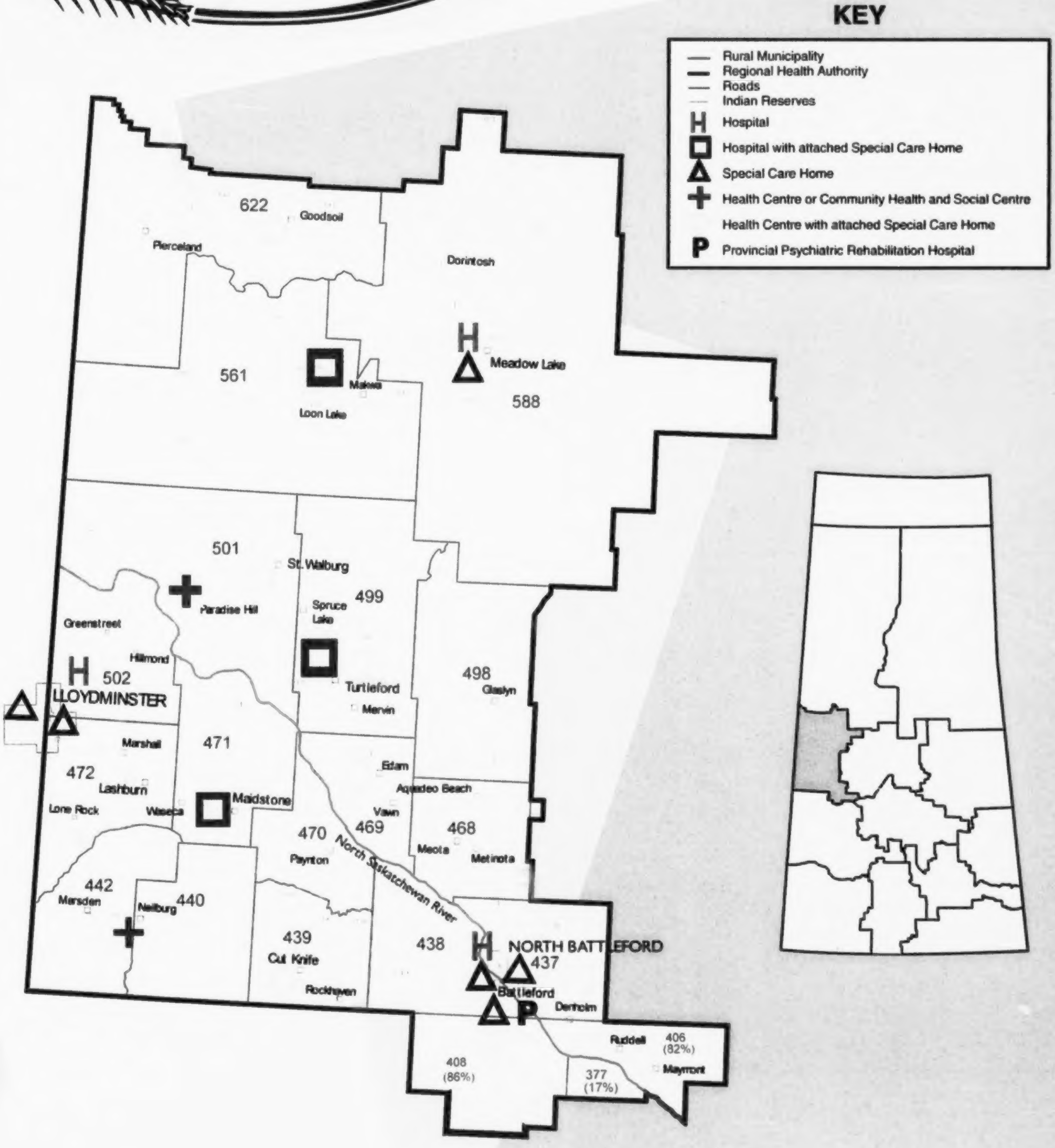
Fax: (306) 236-5801

Prairie North Health Region


KEY
Rural Municipality
Regional Health Authority
Roads
Indian Reserves
H Hospital
□ Hospital with attached Special Care Home
△ Special Care Home
+ Health Centre or Community Health and Social Centre
Health Centre with attached Special Care Home
P Provincial Psychiatric Rehabilitation Hospital
622
Goodsoil
Pierceland
Dorintosh
561
Makwa
Loon Lake
H
Meadow Lake
588
501
St. Walburg
Paradise Hill
Spruce Lake
499
Greenstreet
Hillmond
H
502
LLOYDMINSTER
Turtleford
Mervin
498
Glaslyn
Marshall
471
472
Lashburn
Lone Rock
Waseca
Maidstone
Edam
Aquadeo Beach
Vawn
470
469
468
Paynton
Meota
Metinota
North Saskatchewan River
442
Marsden
Neilburg
440
439
Cut Knife
Rockhaven
438
H
NORTH BATTLEFORD
437
Battleford
P
Denholm
Ruddell
406 (82%)
Maymont
408 (86%)
377 (17%)

Prairie North
Health Region

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